

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

ALCOHOL AND DRUG PROGRAM
ADMINISTRATION

**SUBSTANCE ABUSE and CRIME
PREVENTION ACT of 2000**

SERVICE PROVIDER MANUAL
Version 1.0

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TABLE OF CONTENTS

- I. Background
- II. Overview
- III. Community Assessment Service Center Procedures
- IV. Treatment Program Procedures
- V. Reporting & Data Systems Procedures
- VI. Financial Services and Billing Procedures
- VII. Contract Program Monitoring

ATTACHMENTS

- Attachment ACommunity Assessment Service Center (CASC) Referral
- Attachment B Administrative Directive: Changes to CADDS System for Prop 36
- Attachment CPrinciple of Treatment
- Attachment DSample Drug Testing Protocol & Procedures
- Attachment EProposition 36 Legislation

BACKGROUND

I. BACKGROUND

On November 7, 2000, California voters passed the Substance Abuse and Crime Prevention Act of 2000 (SACPA), also known as Proposition 36, which amended existing drug sentencing laws to require that criminal defendants convicted of certain non-violent drug offenses be placed in drug treatment as a condition of probation, instead of incarceration. Proposition 36 also applies to State parolees who are convicted of new non-violent drug offenses or who commit drug-related parole violations. To cover local costs for treatment programs and other necessary services, Proposition 36 appropriates statewide funding of \$120 million per year through Fiscal Year 2005-2006, with an initial Fiscal Year 2000-2001 appropriation of \$60 million for planning and implementation. All monies appropriated are placed in the Substance Abuse Treatment Trust Fund for distribution to counties.

Proposition 36 makes significant changes in the way many drug offenders are handled by both the criminal justice and treatment delivery systems. Because a coordinated and collaborative implementation strategy was needed, Los Angeles County created the Countywide Criminal Justice Coordination Committee (CCJCC) Proposition 36 Implementation Task Force, comprised of representatives from City and County criminal justice, health, mental health, and social services agencies, as well as community-based treatment providers and community members. The Task Force has been actively engaged in coordinating the County's efforts to design a comprehensive system of care and services, together with accountability and public safety supervision, for Proposition 36 participants. Through workgroups created by the Task Force, the county services necessary for Proposition 36 participants were identified and incorporated into the design of the system of care in the County's implementation plan, which was approved by the Task Force.

On May 15, 2001, the Los Angeles County Board of Supervisors adopted the Los Angeles County Proposition 36 Implementation Plan for the Substance Abuse and Crime Prevention Act of 2000. The Board of Supervisors also designated the County of Los Angeles Department of Health Services, Alcohol and Drug Program Administration (ADPA), as the lead agency for the County's responsibilities under Proposition 36, and the CCJCC Proposition 36 Implementation Task Force as the advisory group responsible for developing the policy and procedures for the coordinated implementation of the Proposition 36 among all involved County departments and the courts. A Steering Committee has been established by the Task Force to continue oversight of Los Angeles County's implementation of Proposition 36 and to make recommendations to the ADPA and Board of Supervisors concerning revisions to the County's implementation plan, as needed.

OVERVIEW

II. OVERVIEW

Proposition 36 provides for court supervised treatment and probation for most non-violent drug offenders convicted of controlled substance possession or under-the-influence offenses, to break the cycle of drugs and crime, while still promoting public safety.

In Los Angeles County, services to Proposition 36 participants will be coordinated with the courts, probation, parole authority, the Board of Prison Terms, and community-based drug treatment providers to ensure appropriate and timely referrals, follow-up, and monitoring of Proposition 36 participants and information sharing among these entities.

Proposition 36 cases may be heard in any criminal court until the defendant enters a conditional plea or is convicted and opts for Proposition 36 processing. The defendant is then ordered to return to a designated Proposition 36 Court, specifically dedicated for sentencing, progress reports, and probation violation hearings for participants. Eligible defendants will be sentenced and ordered to cooperate with the drug treatment provider and comply with their drug treatment program. The Court will refer Proposition 36 defendants to County-contracted Community Assessment Service Centers (CASCs) for assessment of their treatment needs and referral to an appropriate drug treatment program based on their level of need. Defendants will be ordered to the CASC site closest to their home residence. The CASCs are located throughout the County and will perform individual assessments of each eligible offender utilizing the Addiction Severity Index.

A Deputy Probation Officer (DPO) will be co-located at each of the CASC sites to provide criminal record assessments for Proposition 36 eligibility, as well as assessments for community supervision risk level and caseload recommendation. The DPO will also conduct Probation Orientation for Proposition 36 defendants. Following completion of the orientation process (approximately 30-60 days), supervision of the Proposition 36 defendant will be transferred to a Probation Area Office.

Once a Proposition 36 defendant has entered treatment, the treatment providers will forward an initial treatment plan, regular progress reports, as well as, notification of violations and other potential problems, to the Court and Probation on a timely basis. Protocols have been established for information sharing among these entities, pending implementation of an integrated electronic information and data collection system, to ensure appropriate and timely referrals and monitoring of all Proposition 36 participants through completion of the treatment and Proposition 36 probationary/parole period.

Drug treatment services for Proposition 36 participants will consist of a multi-level system increasing in duration and intensity depending upon the assessed severity of the offender. Minimum duration is three months for the lowest level of severity, ranging up to twelve months for the most severe level, followed by six months of aftercare services. Services within the levels include outpatient treatment, daycare habilitative services, narcotic replacement therapy, and residential treatment. Drug testing will also be

required as a treatment tool. Provision of, or referral and follow-up for, supplemental services, including literacy training, vocational counseling, mental health services and health services will also be provided.

Upon the successful completion of a drug treatment program, the Court will schedule a dismissal review date. If there have been no violations of probation, all fees and fines have been paid and the Court finds reasonable cause to believe that the participant will not abuse controlled substances in the future, the Court may dismiss the case.

The County's Proposition 36 program represents a collaborative effort among the courts, criminal justice and social service agencies, and treatment providers, for a comprehensive system of care for eligible drug offenders that includes accountability and public safety supervision. Many of the critical implementation issues have been addressed in development of this program; however, some variables remain unknown until the actual implementation on July 1, 2001. The Task Force will continue to monitor and assess the County's implementation of the Proposition 36 program and make recommendations for changes, as appropriate.

**COMMUNITY ASSESSMENT
SERVICE CENTER PROCEDURES**

III. COMMUNITY ASSESSMENT SERVICE CENTER (CASC)

The Community Assessment Service Center (CASC) will be responsible for conducting individual assessments for each eligible Proposition 36 participant and referring the participant for treatment services based on the level of severity of his/her alcohol or other drug (AOD) problem.

Under the Proposition 36 Implementation Plan, eleven of the twenty CASC sites will initially provide assessment services for program participants. Additional CASC sites may be added as the volume of participants increases.

Upon submission of a conditional plea or conviction, Proposition 36 participants will be referred to a specific CASC site based upon their residential zip code. The Court will give Proposition 36 participants a referral form and instruct them to call the CASC site for an appointment for an assessment within 72 hours of their court appearance.

CASC personnel will schedule AOD assessment appointments for Proposition 36 program participants within 2 days of the telephone call requesting services. All participants will be assessed using the Addiction Severity Index (ASI), a nationally recognized substance abuse assessment instrument. The clinical assessment will be used to determine the severity of their addiction, the level of treatment intensity required, and to identify a treatment program that will provide the needed level of services. Participants will be referred to State licensed/certified treatment programs contracted with Los Angeles County Department of Health Services Alcohol and Drug Program Administration (ADPA) to provide services under Proposition 36. The referrals will be made to treatment agencies contracted to provide the identified level of treatment services based on the ASI and the assessor's professional judgment. Services may include detoxification, outpatient, day care habilitative, residential and/or narcotics replacement therapy. All Proposition 36 program participants will receive a written referral to treatment from the CASC. CASC personnel will update the Treatment Courts and Probation eXchange (TCPX) System with each participant's assessment results and other applicable information (treatment program, admission appointment date, etc.) within one working day of the assessment.

Participants who wish to be assessed at a CASC site different than the one assigned by the Court must contact the new CASC site and request an assessment appointment. The new CASC site will notify the assigned CASC of the change. The CASC site actually performing the assessment will note the change of CASC sites in the Comments Section of the TCPX System Intake Assessment Report, listing the reason given by the participant for the change. It is the participant's responsibility to contact the CASC site and schedule the assessment appointment within the Court-ordered time limit.

In some instances, persons who believe that they are Proposition 36 eligible may enroll in treatment prior to their Court date. At the participant's next Court appearance, the Court will determine if the level of treatment is acceptable. These participants may also be

referred to the CASC for assessment at the Court's discretion. In those instances, the CASC will complete the full assessment and verify that the Proposition 36 participant is still participating in treatment and the services are provided at an appropriate level of intensity. The CASC will update the TCPX system with the verified information and advise the participant to return to treatment.

Each CASC will have a Deputy Probation Officer (DPO) on site. This DPO will work closely with the CASC staff to serve Proposition 36 program participants. The DPO will complete the required risk assessments, and probation orientation. Participants identified by the CASC who have other significant supportive services needs will be referred as appropriate and this information will be shared with the DPO. This information should also be listed in the Comments Section of the Intake Assessment Report in the TCPX system.

ASSESSMENT PROCEDURES:

The CASC will schedule Proposition 36 participants referred from the Courts for AOD clinical assessments. Participants should have the Community Assessment Service Center (CASC) Referral Form (Attachment A) when they arrive for the CASC appointment. CASC staff will:

- Complete a clinical assessment for each participant using the Addiction Severity Index (ASI);
- Determine the appropriate level of treatment intensity, based upon the severity of the participant's addiction, and the assessor's professional judgment;
- Identify a State licensed/certified program contracted with ADPA to provide the required level of services;
- Contact the identified program to verify that they have a slot/bed available.
- Schedule an appointment for admission to treatment;
- Update the TCPX system with program information as needed (e.g., complete any missing participant information, treatment provider's information and appointment date, modality and level of treatment intensity, etc.), based upon the assessment; and
- Ensure that assessment information is entered into the system within one working day of the assessment.

If the participant indicates that he/she is currently enrolled in a treatment program, the CASC staff will determine if the Court is requesting a clinical assessment for the participant and if so, will follow the steps outlined above.

If the Court is seeking to verify treatment and that the participant's program offers the appropriate level of treatment intensity, the CASC staff will:

- Call the program to verify that the participant is currently enrolled in the treatment program; and
- Verify that the program meets the State license/certification requirements.

If the program is not County-contracted, State licensed or certified, the CASC will:

- Explain to the participant that he/she must be in a State licensed/certified program to qualify for services under Proposition 36;
- Obtain participant's understanding and acceptance of the program requirements;
- Refer the participant to an appropriate Proposition 36 treatment program;
- Provide a copy of the TCPX referral form to verify Proposition 36 enrollment;
- Update the TCPX system with program information as needed (e.g., complete any missing participant information, treatment admission date, provider's address, modality and level of treatment intensity, etc.), based upon the verification;
- Ensure that assessment information is entered into the system within one working day;
- Advise the participant to continue treatment; and
- Instruct the participant to present his/her referral form to the treatment agency.

Special Note: The CASC should maintain a Proposition 36 Problem Log to assist in identifying and correcting any systems or participant flow issues identified. In those instances where the recommended level of treatment services is not available, such as the unavailability of a detoxification bed, the CASC will place the participant in the next best treatment option and note the decision in the Comments Section of the CASC Assessment Report.

Once the CASC has completed updating the TCPX system, the CASC responsibilities are completed. The system will automatically generate the Intake Assessment Report to the Court. Generally the assessment results will need to be in the computer two full days prior to the participant's next Court date.

TREATMENT PROGRAM PROCEDURES

IV. TREATMENT PROGRAM PROCEDURES

The existing system of treatment and recovery services under the Department of Health Services Alcohol and Drug Program Administration will serve as the foundation for providing the treatment services for Proposition 36 program participants. Services provided will be based on the basic overarching research-based principles of effective treatment identified by the National Institute on Drug Abuse (NIDA). (See Attachment C.)

The contracted Community Assessment Service Centers (CASCs) will conduct individual assessments for eligible Proposition 36 participants at 11 sites located throughout the County. The Addiction Severity Index (ASI), a nationally recognized substance abuse assessment instrument, will be used by all CASCs and treatment providers to initially assess participants and to monitor participant treatment outcomes. The CASCs will make referrals to community-based treatment providers which will allow the participant to access the level of treatment services and other needed human services commensurate with the severity of the conditions.

Treatment services will consist of a three-level system increasing in duration and intensity depending on the assessed severity of the participant. Minimum duration is three months for the lowest level of severity, six months for mid-level severity and nine months for the most severe level.

Level I – Minimum participation in treatment: 3 months

Proposition 36 participants requiring a low level of outpatient treatment shall receive services which, at a minimum, shall include:

- Intake, orientation, and evaluation;
- Development of a treatment plan;
- Individual, family and/or group counseling sessions, including alcohol and other drug education;
- Participation in self-help meetings;
- Individualized treatment as appropriate (e.g., perinatal, dual-diagnosis, special needs);
- Referral to alcohol and drug free living facilities, as appropriate;
- Provision of, or referral and follow-up for, supplemental treatment services including literacy training, vocational counseling, mental health services, and health services;
- Random, observed drug testing;
- 30-day initial treatment plan to Probation/Court; and
- Court appearances as ordered by the Court.

Reports on the participant's progress shall be made to the Deputy Probation Officer every 30 days (including the submission of an initial treatment plan within the first 30 days), and the participant's progress shall be re-assessed at the completion of 3 months. Based on the assessment of the treatment provider and in collaboration with Probation and the Court, the services within this level may be adjusted as deemed appropriate by the designated Proposition 36 Court.

Level II – Minimum duration in treatment services: 6 months

Participants may require one or more of the following treatment services:

- Outpatient Counseling Services – Alcohol and drug treatment and recovery services directed at alleviating and/or preventing alcohol and drug problems in a non-residential facility. Services shall include individual, family, and/or group counseling sessions.
- Narcotic Treatment Program Services – Administration of an opiate replacement for opiate addicted persons with a documented history of unsuccessful treatment attempts. Services shall include:
 - Replacement narcotic therapy;
 - Evaluation of medical, employment, alcohol, criminal and psychological problems;
 - Screening for diseases that are disproportionately represented in the opiate-abusing population;
 - Monitoring for illicit drug use;
 - Counseling by addiction counselors that are evaluated through ongoing supervision; and
 - Professional medical, social work, and mental health services, on-site or by referral (through contracted interagency agreements).
- Daycare Habilitative Treatment Services – A planned program of services in a social setting structure to maximize recovery and rehabilitation of clients. These services are more intensive than outpatient counseling, but less extensive than 24-hour residential services and shall include individual, family, and/or group counseling sessions.
- Residential Treatment Services – Supervised 24-hour live-in program with structured treatment and recovery services.

All participants in Level II shall receive the following services:

- Intake, orientation, and evaluation;
- Development of a treatment plan;
- Participation in self-help meetings;
- Individualized treatment as appropriate (e.g., perinatal, dual-diagnosis, special needs);
- Referral to alcohol and drug free living facilities, as appropriate;

- Provision of, or referral and follow-up for, supplemental treatment services including literacy training, vocational counseling, mental health services, and health services;
- Random, observed drug testing;
- 30-day initial treatment plan to Probation/Court; and
- Court appearances as ordered by the Court.

Reports on the participant's progress shall be made to the Deputy Probation Officer every 30 days (including the submission of an initial treatment plan within the first 30 days), and the participant's progress shall be re-assessed at 3-month intervals. Based on the assessment of the treatment provider and in collaboration with Probation and the Court, the services within this level may be adjusted as deemed appropriate by the designated Proposition 36 Court.

Level III – Minimum duration in treatment services: 9 months

Participants may require one or more of the following treatment services:

- Outpatient Counseling Services – Alcohol and drug treatment and recovery services directed at alleviating and/or preventing alcohol and drug problems in a non-residential facility. Services shall include individual, family, and/or group counseling sessions.
 - Narcotic Treatment Program Services – Administration of an opiate replacement for opiate addicted persons with a documented history of unsuccessful treatment attempts. Services shall include:
 - Replacement narcotic therapy;
- Evaluation of medical, employment, alcohol, criminal and psychological problems;
 - Screening for diseases that are disproportionately represented in the opiate-abusing population;
 - Monitoring for illicit drug use;
 - Counseling by addiction counselors that are evaluated through ongoing supervision; and
 - Professional medical, social work, and mental health services, on-site or by referral (through contracted interagency agreements).
- Daycare Habilitative Treatment Services – A planned program of services in a social setting structure to maximize recovery and rehabilitation of clients. These services are more intensive than outpatient counseling, but less extensive than 24-hour residential services and shall include individual, family, and/or group counseling sessions.
- Residential Treatment Services – Supervised 24-hour live-in program with structured treatment and recovery services.

All participants in Level III shall receive the following services:

- Intake, orientation, and evaluation;
- Development of a treatment plan;
- Admission into a detoxification program, as appropriate;

- Participation in self-help meetings;
- Individualized treatment as appropriate (e.g., perinatal, dual-diagnosis, special needs);
- Referral to alcohol and drug free living facilities, as appropriate;
- Provision of, or referral and follow-up, for supplemental treatment services including literacy training, vocational counseling, mental health services, and health services;
- Random, observed drug testing;
- 30-day initial treatment plan to Probation/Court; and
- Monthly Court appearances or as ordered by the Court.

Reports on the participant's progress shall be made to the Deputy Probation Officer every 30 days (including the submission of an initial treatment plan within the first 30 days), and the participant's progress shall be re-assessed at 3 month intervals. Based on the assessment of the treatment provider and in collaboration with Probation and the Court, the services within this level may be adjusted as deemed appropriate by the designated Proposition 36 Court.

Aftercare Services

All Proposition 36 participants, regardless of level, shall participate in 6 months of Aftercare or continuing care. Aftercare can occur in a variety of settings, such as periodic outpatient meetings, relapse/recovery groups, self-help groups, and half-way houses. Services may include relapse prevention, alumni activities and mentorship programs.

Changes of Level of Services

Depending upon each individual's progress, or lack thereof, changes in the level of treatment may be needed. Each treatment provider is responsible for providing timely reports to Probation and/or the Court regarding the participant's progress, and Probation is responsible for relaying this information along with a report on the participant's compliance with his/her conditions of probation to the Court. Reports from the provider shall be transmitted electronically. Positive drug tests or non-compliance with treatment plans shall be reported within 48 hours. Services shall be modified to meet the individual needs of the participant. Recommendations for increased or decreased levels of treatment or the participant's amenability to treatment, shall be made jointly by the Deputy Probation Officer and treatment counselor. The Court shall be notified of a change in the level of services and/or the participant may be returned to Court for a change of level order, as appropriate.

REPORTING & DATA SYSTEMS PROCEDURES

V. REPORTING & DATA SYSTEMS PROCEDURES

In compliance with the requirements of Proposition 36, the following systems will be implemented and/or modified.

TREATMENT COURTS AND PROBATION EXCHANGE SYSTEM

The Treatment Courts and Probation eXchange (TCPX, pronounced TC-Pix) system will be a Web-enabled database application designed to support the operational and administrative requirements of Proposition 36. The system will link community-based drug treatment providers with local courts and the Probation Department and provide a centralized depository for the management of treatment compliance records for all non-violent drug offenders who have been ordered into drug treatment as a condition of probation under Proposition 36.

The TCPX system will support three critical functions of the Proposition 36 program:

- 1) Establish a countywide, consolidated records system that will combine criminal history and treatment information on all Proposition 36 clients.
- 2) Provide for the electronic transfer of essential treatment information from community-based treatment agencies and Community Assessment Service Center (CASC) to the Courts, Probation and ADPA.
- 3) Provide the ability to generate regular and ad hoc statistical reports required by the Board of Supervisors, County departments, or State/Federal agencies for on-going program evaluation.

System Functions

TCPX is a transactional database application which draws specific case and defendant information from a variety of sources to create a consolidated record for all Proposition 36 clients. The system will provide the courts and County agencies with all required reports for processing Proposition 36 cases/defendants as well as a variety of statistical reports. The system will provide the court and county administrators with direct access to centralized Proposition 36 database to facilitate evaluation of program trends and outcomes.

At a minimum, the TCPX system will electronically provide the following reports:

Pretrial Eligibility and Risk Assessment
Clinical Assessment and Treatment Recommendation
Treatment/Supervision Plan
Monthly Probation/Provider Treatment Progress and Drug Testing Report
Non-compliance Report
Probation Violation Report
Regular/ad hoc Statistical Reports

In addition, system administrators will have the ability to request summary information on the number of defendants by treatment level, number of no-shows, number of drop-outs, number of defendants successfully completing the assigned program, and other management information as required.

System Architecture

TCPX will be built on a server-based architecture with secure linkages to community-based providers via the Internet. Linkages to existing criminal justice and drug treatment data systems through the County's network would also be built to include Probation Pretrial +, Trail Court Information System (TCIS), Adult Probation System (APS), Consolidated Criminal History Records System (CCHRS), the Alcohol and Drug Program Database System and the Drug Court Management Information System (DCMIS)

Treatment Provider Minimum Configuration for Computer Workstations:

- Pentium CPU
- 3.5" Floppy Disk Drive
- Standard Keyboard/Mouse
- 56 K V.90 Modem (for Dial-up users)
- 15" Monitor
- Windows 2000/98/95/
- Internet Explorer 4.0 or Netscape Communicator
- Printer
- SecurID Card

Internet Connection Alternatives

Dial-up Connection

Connection Speed – 33 to 55 Kbps

What is a Dial-up Service?

A Dial-up service connects a computer to the Internet with the use of a Dial-up Modem that is hooked up to a regular phone line.

How long does it take to setup a Dial-up connection?

It normally does not take more than a day to set up a Dial-up Internet Connection. If the modem hardware and network settings are configured properly in the computer, all that is needed is a credit card number to get a dial-up account set up with an ISP.

Advantages

- Easy setup
- Relatively inexpensive

- Multiple access points
- The dial-up nature makes it virtually accessible anywhere

Disadvantages

- Slow connection speed
- Ties up the phone line
- May experience occasional connection drops

Recommended Internet Service Providers (ISP)

- AT&T
- Earthlink/Mindspring
- Pacific Bell
- AOL

Digital Subscriber Line (DSL)

Connection Speed – 384 Kbps to 1.5 Mbps download

What is DSL?

DSL is a vehicle for high-speed data transmission over the copper pair wiring in an existing phone line.

How long does it take to setup a DSL service?

A DSL connection is actually a service that needs to be turned on in the phone line. It normally takes around two to three weeks to get a DSL service up and running.

Advantages

- Fast connection speed
- Does not require another phone line
- Always on connection
- More stable connection
- Multiple computers can be networked to connect to one DSL line

Disadvantages

- May not be available in some areas
- Account setup fees normally apply

Recommended Internet Service Providers (ISP)

- Earthlink
- AT&T
- Pacific Bell
- Sprint

Cable Internet Service

Connection Speed – 500 Kbps to 1.5 Mbps or more

What is Cable Internet Service?

Cable Internet is a form of broadband Internet service that runs through a cable network.

How long does it take to setup a Cable Internet Service?

It normally takes around two to three weeks to get a Cable Internet Service setup.

Advantages

- Fast connection speed
- Always on connection
- More stable connection
- Multiple computers can be networked to connect to one cable line

Disadvantages

- Relies on a Shared Access Platform (the number of subscribers in one area may affect speed performance)
- Account setup fees normally apply
- Hard to install
- May not be available in some areas
- Relatively more expensive

Recommended Internet Service Providers(ISP)

- MediaOne/AT&T/RoadRunner
- Adelphia Cable
- Cox Cable @home

Security Identification Frequently Asked Questions (FAQ):

What is a SecurID Card (or Token)?

A SecurID Card is a credit card sized security token. By using a time synchronized algorithm that is different for each user, the SecurID card produces an unpredictable code that automatically changes every 60-seconds. This unique code plus the user's PIN is the one-time Passcode that is required for system entry.

What is my Logon ID?

Your Logon ID is the user identifier used to access the ACE/Server. If you are uncertain as to what yours is, call the Customer Assistance Center at (562) 940-3305.

What is my Passcode?

Your Passcode consists of your PIN followed by your SecurID Cardcode.

What is my PIN?

Your PIN is a Personal Identification Number that you establish online, and that you will use whenever you enter your Passcode.

How do I know if I need to establish a New PIN for WEB Access?

Your SecurID Card is in "New PIN Mode" if ANY of the following is true:

- You have used your SecurID Card ONLY for CompuServe CMODE access
- You called the Customer Assistance Center for support and they reset your SecurID Card
- You received your 1st SecurID Card
- You received a replacement SecurID Card

What is New PIN Mode?

If your card is in New PIN Mode, the ACE/Server requires that you establish a personal PIN for your Logon ID.

How do I establish my New PIN?

When viewing the "SecurID Logon" screen, enter your Logon ID and in the Passcode field, type only the SecurID Cardcode. The "SecurID New PIN Request" screen will display next, allowing you to establish your PIN. After successful completion, the "SecurID Logon" screen will re-display, with a message saying "New PIN Accepted..." To continue with the logon, you must WAIT for your SecurID Cardcode to change, and then enter your Logon ID and Passcode.

How do I care for my SecurID Card?

A SecurID Card is a miniature computer. Treat it like any other delicate electronic instrument. The cost of replacing a damaged card is billable to your organization. The most common causes of damage have been: dropping it or sitting on it (while in a wallet).

My SecurID Cardcode does not change every minute as it used to, what is wrong?

You have an expired, defective or damaged card. If you still need WEB Access, you need to request a replacement card. The cost of replacing a damaged card is billable to your organization. Call Data Security at (562) 940-3305.

When will my SecurID Card expire?

Your SecurID Card expire-date is on the back of the card. At least 4 weeks before the expiration date, Customer Assistance Center mails re-registration forms to all active users. Call Customer Assistance Center if you do not receive the form.

I broke or lost my card, what do I do?

You need to request a replacement. The cost of replacing a damaged or lost card is billable to your organization. Call Customer Assistance Center.

I just saw a new screen called "SecurID Next Cardcode Request", what is this?

The ACE/Server, to re-synchronize your card, uses this screen occasionally. Usually the cause is several bad logon attempts. However, sometimes the card battery may lose time prematurely, causing an ACE/Server adjustment. If this message occurs frequently, without invalid Logon attempts, call Customer Assistance Center, as your card may be defective.

The "SecurID Logon" screen redisplay without giving a message, why is this?

SecurID Access requires the use of Cookies, Java and JavaScript. Please confirm that you have not manually disabled these functions in your Browser Security Settings. Also, if you have a PC Firewall product, please confirm the proper settings of these functions in it, as well.

What is the ACE/Server?

The ACE/Server is a software product from RSA Security, Inc., that provides a secure user authentication service allowing ISD to offer remote access to a

variety of Host Platforms, using a SecurID Card, Logon ID and one-time Passcode.

I receive message - "100: Access Denied. The ACE/Server rejected the Passcode you supplied..." why?

The Logon ID and/or Passcode that were typed are incorrect. If you have received this message MANY times, the ACE/Server by now has disabled your SecurID Card from future use, no matter how many times you try. Call the Customer Assistance Center.

I receive message - "100: Access denied. The ACE/Server rejected the Next Tokencode you supplied..." why?

The Next Cardcode field was invalid. Try to logon again, carefully.

I receive message – "101: Access Denied. Unexpected ACE/Agent error 22..." why?

If this problem persists, call the Customer Assistance Center.

I receive message – "101: Access Denied. Unexpected ACE/Agent error 901..." why?

The Logon ID field was empty. Complete both fields then submit.

I receive message - "102: You must enter a valid Passcode..." why?

The Passcode field was empty. Complete both fields then submit.

I receive message - "105: New PIN accepted. You are required to authenticate with your new PIN..." why?

You just successfully established your New PIN and now the ACE/Server is requiring that you logon with it. You MUST WAIT for your SecurID Cardcode to CHANGE, and then enter your Logon ID and Passcode.

Customer Assistance Center for TCPX:

(562) 940-3305

System Access

Please refer to Treatment Courts and Probation Exchange System manual to be distributed by the Internal Services Department (ISD)

LOS ANGELES COUNTY PARTICIPANT REPORTING SYSTEM

Beginning July 1, 2001, three changes have been made to the **Principal Source of Referral** area of the Los Angeles County Participant Reporting System (LACPRS), in compliance with State requirements.

Selection number six (6) has been modified to clarify when a client is referred from the Court/Criminal Justice but is not a Proposition 36 client; Selection number nine (9) has been added to identify Proposition 36 clients coming from the courts or probation offices; And selection number ten (10) has been added to identify Proposition 36 clients coming from the State parole offices.

These LACPRS modifications are listed as follows:

Question 10. PRINCIPAL SOURCE OF REFERRAL

- 1. Individual (Includes self-referral)
- 2. Alcohol/Drug Abuse Care Program
- 3. Other Health Care Provider
- 4. School (Educational)
- 5. Employer/EAP
- **6. Non-Proposition 36 Court/Criminal Justice**
- 7. 12 Step mutual aid (AA, Al-Anon, etc.)
- 8. Other Community Referral
- **9. Proposition 36 Court/Probation**
- **10. Proposition 36 Parole**

Note: Proposition 36 is also known as the Substance Abuse and Crime Prevention Act of 2000, (SACPA).

For the Drug and Alcohol Treatment Access Report (DATAR), the revised forms will be distributed directly from the California Department of Alcohol and Drug Programs, to reflect two additional Proposition 36 questions.

How to Use the Principal Source of Referral Code – Question and Answers

Q. What if a client, who is already in treatment, becomes a Proposition 36 client?

A. *Discharge with a discharge status 'referred or transferred' and re-admit client as a Proposition 36 referral.*

Q. What if a client is incorrectly coded as a Proposition 36 client on admission?

A. *Submit an admission correction to correct the Principal Source of Referral.*

Q. Is California Department of Corrections (CDC) ID required for LACPRS?

A. *Only if the client and provider are already part of the Parolee Services Network (PSN) or Female Offenders Treatment Program (FOTP).*

LACPRS Additional Questionnaires

For Proposition 36 research and evaluation purposes, the following admission and discharge questionnaires will be added to LACPRS.

ADMISSION		
	During the Last 30 Days	During the Last 6 Months (180 Days)
How many days have you used..		
Heroin	_____	_____
Cocaine / crack	_____	_____
Methamphetamine (or amphetamine)	_____	_____
Cannabis	_____	_____
Prescription Drugs (barbs, benzos, vicodin, codeine, etc.)	_____	_____
Other (Ecstasy, GHB, LSD, PCP)	_____	_____
Alcohol	_____	_____
Alcohol to Intoxication	_____	_____
How many days did you inject yourself with drugs?	_____	_____
How many days have you experienced medical problems?	_____	_____
How many days have you received treatment for medical Problems at a hospital, clinic, or doctor's office?	_____	_____
How many days were you paid for working?	_____	_____
How much money did you earn for legal work?	_____	_____
How many days did anyone abuse you physically or Sexually?	_____	_____
How many days have you had serious conflict with your family?	_____	_____
How many days have you experienced Psychological or emotional problems?	_____	_____
How many days have you been treated for psychological or emotional problems in a hospital, inpatient, or Outpatient clinic?	_____	_____
How many days have you engaged in illegal activities for profit?	_____	_____
How many days were you detained or incarcerated?	_____	_____

DISCHARGE		
	During the Last 30 Days	Since Admission
How many days have you used..		
Heroin	_____	_____
Cocaine / crack	_____	_____
Methamphetamine (or amphetamine)	_____	_____
Cannabis	_____	_____
Prescription Drugs (barbs, benzos, vicodin, codeine, etc.)	_____	_____
Other (Ecstasy, GHB, LSD, PCP)	_____	_____
Alcohol	_____	_____
Alcohol to Intoxication	_____	
How many days did you inject yourself with drugs?	_____	_____
How many days have you experienced medical problems?	_____	_____
How many days have you received treatment for medical Problems at a hospital, clinic, or doctor's office?	_____	_____
How many days were you paid for working?	_____	_____
How much money did you earn for legal work?	_____	_____
How many days did anyone abuse you physically or Sexually?	_____	_____
How many days have you had serious conflict with your family?	_____	_____
How many days have you experienced Psychological or emotional problems?	_____	_____
How many days have you been treated for psychological or emotional problems in a hospital, inpatient, or Outpatient clinic?	_____	_____
How many days have you engaged in illegal activities for profit?	_____	_____
How many days were you detained or incarcerated?	_____	_____

Drug Medi-Cal / CalWORKS / General Relief Billing Systems

A check box will be added to the Drug Medi-Cal, CalWORKs, and General Relief billing programs to identify the Proposition 36 populations in the appropriate programs.

Technical Assistance for LACPRS, Drug Medi-Cal, CalWORKS, or General Relief: (626) 299-4551 or (626) 299-4552

FINANCIAL SERVICES AND BILLING PROCEDURES

VI. BILLING

Forms

We require that you submit your monthly Proposition 36 expenditures on different forms so that these billings can be kept separate from your existing contract billings. These forms (Attachment I) are similar to your existing billing forms (residential, non-residential, staff hours, etc.) but are labeled “Proposition 36 Use Only.” Please use these forms only for Proposition 36 expenditures. If an existing contract exhibit is augmented for Proposition 36, your monthly billing for that exhibit will consist of two sets of forms, one for the existing program, and one for Proposition 36. Within contract exhibits, Proposition 36 budgets will not be used to reimburse non-Proposition 36 expenditures, and vice-versa.

Workload Information

You are also required to report workload information as part of your monthly billings. The required workload information consists of a) number of clients served, and b) units of service based on modality. Units of service information is required even if your contract is reimbursed by line-item cost or staff hours. Although staff hours are sometimes considered a unit of service, staff hour contracts will still be required to report the appropriate units of service based on service modality (e.g. bed day, visits, etc.).

Drug/Medi-Cal - Though drug/medi-cal treatment is not reimbursed through Proposition 36, for statistical purposes we require that Proposition 36 client information be identified on your drug/medi-cal forms. The billing forms have spaces for you to provide this information. In addition, the Drug/Medi-Cal Eligibility Report, which you currently provide on disk, will have a new Proposition 36 column where you can denote if a client record pertains to Proposition 36.

Please note that your workload information must be consistent with the client information submitted separately on the Los Angeles County Participant Reporting System (LACPRS). Incomplete or inconsistent data will result in delay of payment or non-payment.

Probation Cost

Community Assessment and Service Center (CASC) contracts must also report costs incurred related to Probation Department staff. We will reimburse you for these costs and then recoup the costs from the Probation Department. The Staff Hours billing form has spaces for you to provide this information.

Additional Cost Information

Due to our County reporting requirements as it relates to cost (see Cost Reporting section), we are requiring that you report line-item cost information on your billing forms. This represents an additional requirement for your fee-for-service (FFS) and provisional rate billings. For example, your FFS billing would take the total invoice

amount (rate * units) and separate that amount into salaries & employee benefits, services & supplies, etc. Additional space is provided for this information.

COST REPORTING

Year-End

Your year-end cost reports will need to report Proposition 36 expenditures separately. Similar to the billing procedure, a separate set of forms is provided for you to report Proposition 36 costs and units of service (Attachment II). We will also discuss these requirements during our annual cost report training.

Bi-Monthly

ADPA is required to provide progress reports to the Los Angeles County Board of Supervisors every 60 days. This report will be generated from the fiscal and client data that you submit monthly on the Proposition 36 Billing Forms. Therefore, it is important that the billing forms are completed in full. Incomplete data will result in delay of payment or non-payment.

ALLOWABLE COSTS

Allowable costs are governed by Section 9530 of the Proposition 36 Regulations (Regulations) (Attachment III). Please note that while these costs are allowable by the State, they must also be covered by your particular contract budget to be reimbursable. Particularly in the areas of equipment and construction, written approval from the County must be obtained prior to such expenditures. Below are a few highlights of allowable cost:

General

C Prior and subsequent to July 1, 2001, funds may be used for activities needed in order to implement Proposition 36. This involves the costs of providing drug treatment services and other services such as vocational training, literacy training, and family counseling.

C Allowable and allocable cost shall be made utilizing the guidelines contained in the Regulations and in cost principles published by the Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-Profit Organizations."

Equipment

C Equipment purchased with Proposition 36 funds must be used for services provided under Proposition 36.

C Equipment costing more than \$5,000 must be capitalized and may be recovered only through straight-line depreciation using the "Table of Class Lives and Recovery Periods" in federal IRS Publication 946. All equipment purchases are bound by Section 9530 (g) of the Regulations.

C Equipment costing less than \$5,000 may be reimbursed in the year costs were incurred.

C Written approval must be obtained from the County prior to purchasing equipment.

Land & Buildings (new construction and additions)

C Funds shall not be used for the purchase of land, purchase or construction of buildings, or additions to buildings. However, capitalization of non-State funded purchases or construction of buildings, or additions to buildings may only be recovered through straight-line depreciation over the class life of the property as specified in the "Table of Class Lives and Recovery Periods" in federal IRS Publication 946.

Alterations and Renovations

C Alterations and renovations are allowable costs under Proposition 36 subject to Sections 9530 (h) and (j) of the Regulations.

- Costs up to \$150,000 may be reimbursed in the year costs were incurred. Costs over \$150,000 shall be capitalized and depreciated using federal IRS Publication 946.

C Written approval must be obtained from the County prior to commencement of any alterations or renovations.

C If contractor ceases to provide services pursuant to Proposition 36 prior to July 1, 2006, a prorated portion of funding used for alterations or renovations will be collected by the County.

Drug Testing

Community based organizations shall not use Proposition 36 funds for costs of drug testing.

AUDIT COMPLIANCE

We anticipate that Proposition 36 program expenditures will be made a priority for audits. Therefore, it is important that your accounting records are able to differentiate Proposition 36 expenditures from non-Proposition 36 expenditures. This not only will help to prevent negative future audit findings, but can also facilitate your billing. Please note that State regulations require that records be kept for up to five years.

Providers receiving \$300,000 or more annually in Proposition 36 funds shall also have performed an annual audit in accordance with generally accepted government auditing standards as described in "Government Auditing Standards (1994 Revision)," published for the United States General Accounting Office by the Controller General of the United States. This audit shall be completed with a copy of the audit report sent to the County within nine months after the close of the June 30th fiscal year.

Agencies already required to have performed an audit as required by OMB Circular A-133 and receives funds, of any amount under Proposition 36, shall ensure that the single audit addresses compliance with the requirements of the Act. Completion of the OMB A-133 may be relied on to satisfy the responsibilities under Section 9545(a) of the Regulations.

(s:\prop 36\admdirpx.wpd)

ADOPT SECTION 9530, TITLE 9, CCR, AS SHOWN BELOW:

NOTE: The requirements of existing Section 9530 were re-arranged to improve continuity and flow. They were amended by repeal and readoption to make them easier to read.

§ 9530. Allowable Costs and Activities.

(a) The county and any public or private contractors shall use funds in accordance with the provisions of the Act and the requirements of this regulation.

(b) Funds shall be used to cover the costs of placing clients in and providing drug treatment services pursuant to the Act provided by drug treatment programs, as defined in Section 9505, and additional services supplemental to treatment, as defined in Section 9505. Funds may be used for other services, which may include probation department costs; court monitoring costs; and miscellaneous costs. As used in this regulation “miscellaneous costs” means any costs associated with implementation of the Act, except costs for drug testing. Miscellaneous costs may include the cost of housing only if:

(1) The client is concurrently receiving drug treatment services as defined in Section 9505;

(2) The facility providing housing is affiliated with a drug treatment program as defined in Section 9505 and has a contract with the county lead agency to provide housing pursuant to the Act; and

(3) The combined cost of housing and drug treatment services provided to the client does not exceed the median cost of residential drug treatment services paid for by the same county pursuant to the Act.

(c) Prior to July 1, 2001, funds shall be used for activities needed to implement the Act. Such activities shall include, but shall not be limited to the following:

(1) Planning and coordinating county activities needed to begin providing drug treatment, literacy training, family counseling, vocational training, and other services in order to implement the Act by July 1, 2001; and

(2) Expanding existing drug treatment programs or developing new drug treatment programs.

(d) Commencing July 1, 2001, funds may be used until expended for the purposes specified in (c) of this regulation or to provide services as identified in the county plan developed in accordance with Section 9515.

(e) Funds shall not be used for the purchase of land, purchase or construction of buildings, or additions to buildings. The Department shall not grant waivers to this prohibition.

(1) As used in this regulation, “additions to buildings” means structural changes that require the relocation of exterior walls, roofs, or floors, regardless of cost.

(2) Non-State costs of purchase or construction of buildings or additions to buildings may be recovered only through straight line depreciation over

the class life of the property, as specified in the "Table of Class Lives and Recovery Periods" in federal IRS Publication 946, "How to Depreciate Property", which is available from any office of the IRS.

(f) With the exception of specific requirements included in (g), (h), and (i) of this regulation, determination of allowable and allocable costs under the Act shall be made utilizing the guidelines contained in the Act and in cost principles published by the federal Office of Management and Budget (OMB). The county shall follow OMB Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments". Public and private contractors shall follow OMB Circular A-122, "Cost Principles for Non-Profit Organizations". Both OMB circulars are available from the Executive Office of the President, Office of Management and Budget, Washington, D.C. 20503.

(g) Purchase of equipment. As used in this regulation, "equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more, or the capitalization level established by the county auditor-controller, whichever is less.

(1) Any equipment purchased with funds shall be used for activities and services allowed in Section 11999.6 of the Health and Safety Code.

(2) Expenditures which are less than \$5,000 may be reimbursed as allowable costs in the year incurred.

(3) Expenditures of \$5,000 or more may be recovered only through straight line depreciation over the class life of the property, as specified in the "Table of Class Lives and Recovery Periods" in federal Internal Revenue Service (IRS) Publication 946, "How to Depreciate Property", which is available from any office of the IRS.

(4) When replacing equipment, the equipment to be replaced shall be used as a trade-in, or the equipment shall be sold and the proceeds shall be used to offset the cost of the replacement property.

(5) Public or private contractors shall obtain written approval from the county prior to purchasing equipment..18

(h) Alteration and/or renovation

(1) As used in this regulation, "alteration and/or renovation" means work required to change installed equipment or the interior arrangements or other physical characteristics of an existing facility so that it may be more effectively utilized for its currently designated purpose or adapted to an alternative use to meet a programmatic requirement.

(2) Costs of alteration and/or renovation required to provide services necessary to implement the Act may be reimbursed as allowable costs in the year(s) incurred up to \$150,000 per project.

(3) If the total costs of an alteration and/or renovation project exceed \$150,000 over a three-year period, those costs shall be capitalized and depreciated unless the Department grants a waiver allowing for full reimbursement as described below:

(A) To receive a waiver, the county shall submit to the Department a written request for waiver, a description of the project, and a county Board of Supervisors resolution that approves the project.

(B) If the Department does not grant a waiver, the costs may be recovered only through straight line depreciation over the class life of the property, as specified in the "Table of Class Lives and Recovery Periods" in federal IRS Publication 946, "How to Depreciate Property", which is available from any office of the IRS.

(4) If a building is leased, alteration and/or renovation costs shall be allowable provided that the program is responsible under the lease for paying for the alteration and/or renovation, and the alteration and/or renovation meets the criteria contained in this regulation.

(A) If the total cost of the alteration and/or renovation project exceeds \$150,000 without Departmental waiver, the alteration and/or renovation shall be considered a leasehold improvement.

(B) The cost of leasehold improvements shall be amortized and may be recovered over the term of the lease(s), but no earlier than June 30, 2006.

(5) Any county contract for drug treatment services containing costs for alterations and/or renovations funded pursuant to the Act shall require such alterations and/or renovations to be used to provide services pursuant to the Act.

(6) If a public or private contractor ceases to provide services pursuant to the Act prior to July 1, 2006, the county shall collect a prorated portion of funding used for alterations and/or renovations from the public or private contractor and shall return such funding to the county trust fund. The amount to be collected shall be prorated by dividing the number of months remaining until June 30, 2006, by the total number of months from approval of the project until June 30, 2006, and multiplying the resulting amount by the total cost of alterations and/or renovations funded pursuant to the Act.

(7) Any alteration and/or renovation that is done shall ensure that the altered portions of the facility comply with (n) of this regulation.

(i) Counties and public or private contractors shall not use funds for costs of drug testing.

(j) Public or private contractors shall obtain written approval from the county lead agency, in accordance with county requirements, prior to commencement of alterations and/or renovation, construction, leasehold improvements, and equipment purchases, to the extent that funds will be used to pay for these costs, either in full or through depreciation or amortization. The county shall ensure that reimbursement is in accordance with the limitations and requirements contained in this regulation. Nothing in this regulation shall be construed to limit the county's discretion to be more restrictive in its policies regarding such expenditures.

(k) The county shall monitor and document activities to ensure that:

(1) Use of funds:

(A) Complies with the provisions of the Act and this regulation, and

(B) Complies with county procedures for procuring property, obtaining consulting services, and awarding contracts; and

(2) Funds are not used to supplant funds from any existing fund source or mechanism currently used to provide drug treatment services in the county.

(l) In providing services reimbursed with funds under this Chapter, the county shall comply with Article 9.5 (commencing with Section 11135), Chapter 1 of the Government Code.

(m) All programs and services funded pursuant to the Act shall be accessible to persons with disabilities as provided for in the Rehabilitation Act of 1973 as amended (Section 794, Title 29, United States Code) and implementing regulation Title 45, Code of Federal Regulations, Part 84, and the Americans with Disabilities Act of 1990 (Sections 12131 through 12134, Title 42, United States Code) and implementing regulation Title 28, Code of Federal Regulations, Part 35, and the provisions of Assembly Bill 2222 (Chapter 1049, Statutes of 2000). The county and any other entity that receives funds under the provisions of the 20 Act shall not contract with any entity or expend funds for any program or service that is not in compliance with the disability laws and regulations cited in this subsection.

(n) The county and all entities providing services pursuant to the Act shall maintain confidentiality of client records and information in accordance with Title 42, Code of Federal Regulations, Part 2.

(o) The county shall include the requirements stated in this regulation in all agreements with public or private contractors receiving funds under this Chapter.

NOTE: Authority cited: Section 11755, Health and Safety Code. Reference: Section 11999.12, Health and Safety Code; and Section 1210(b), Penal Code..21

**CONTRACT PROGRAM
MONITORING**

VII. CONTRACT PROGRAM MONITORING

Contract program auditors, also known as CPAs or program monitors, assure contract compliance and quality of services, and provide technical assistance to achieve these objectives. They do this primarily through on-site visits at the programs, which may occur at any time. There are two categories of monitors: program and fiscal. Program monitors evaluate service delivery and administration. Fiscal monitors assure that service providers conduct their business in a fiscally responsible manner consistent with generally accepted accounting principles. Although the following discussion applies to program monitors rather than fiscal, most of the comments apply to both.

One program monitor is assigned to each agency. Through annual or more frequent audits, the monitor evaluates the amount, kind, and quality of services delivered. The monitor conducts a preliminary file review before leaving the office. At the agency, the monitor holds an entrance conference, conducts management and program reviews, and holds an exit conference to discuss the findings. Soon after, the monitor sends to the program a written report, which may require corrective action. The monitor then follows up to confirm that the agency made the corrections.

Monitors are advocates, not adversaries. In the course of their work they will note things they find wrong at programs and require corrective action, but this is done to help the agency, not to punish it. Contract agencies are encouraged to make the monitor their primary contact when calling Alcohol and Drug Program administration with a question or problem.

Monitors assure that:

- Services provided are consistent with contract requirements;
- Services are of good quality;
- Services are provided in an appropriate environment;
- The level of services provided is commensurate with the amount of funds allocated;
- Services are sufficiently documented to allow for verification of their occurrence, including:
 - time and place,
 - persons participating,
 - specific activities,
 - content, and
 - staff involvement;
- Services are efficiently managed and comply with applicable laws, regulations, policies,

and procedures; and

- ADPA requirements with regard to service documentation and management compliance are developed and applied in a way to minimize the diversion of staff resources away from the provision of services.

ADPA quality assurance program audits are systematic examinations of program statements, records, and operations to evaluate the quality of services and determine adherence to contract clauses, State and federal laws, and ADPA, Department of Health Services (DHS), and Los Angeles County policies and procedures. These audits assure ADPA and DHS management, the Board of Supervisors, the State and federal governments, and the public that tax dollars are being spent as intended; i.e., that contract services are being delivered in a manner consistent with contract provisions and serve the needs of the target population.

Quality assurance program auditing has two major components:

- The administrative, or management, review ensures that the contractor meets basic operational requirements. It includes a review of such items as insurance coverage and licenses.
- The program review examines service delivery and includes, for example, an assessment of staff qualifications, staff training, and verification of units of service. This is accomplished by reviewing the documentation the agency maintains to substantiate the services being delivered, and through other means such as observation, participant interviews, and surveys, to evaluate quality of services.

The quality assurance review includes:

- (1) on-site visits to the agency;
- (2) reviewing requested plans, records, and documentation for appropriateness, accuracy and currency;
- (3) reviewing billings for services provided;
- (4) reviewing appropriateness of the facility in relation to program needs;
- (5) becoming acquainted with staff and agency approaches to service delivery;
- (6) observing, evaluating, and critiquing program presentations and activities;
- (7) telephone, written, or in person interviews and surveys with participants including schools, agencies, groups, etc. to whom services are delivered;
- (8) follow-up on previous findings and other agency audit findings;

(9) documentation of existing problems; and

(10) training and technical assistance to resolve problems identified during this process.

Contract program audits are carried out by using a standardized monitoring instrument called the Master Audit Program (MAP). The monitor conducts the audit according to the structure and sequence of particular sections within the MAP document. Quality assurance reports produced using the MAP as a guide help lay a foundation for making decisions to duplicate successful programs, strengthen marginal programs, and eliminate poor programs.

Monitors make four kinds of site visits: scheduled, unannounced or drop-ins, site inspections, and investigations.

Scheduled: These are the core of the monitor's activities. They follow a specific sequence:

1. Call the Executive Director to schedule the site visit and enter it on the schedule.
2. Desk Audit shortly before the site visit of prior reports to follow up and documents in the file to determine if we need new ones or if any are missing.
3. Conference with supervisor to discuss the upcoming site visit.
4. Entrance conference with Executive Director or designated alternate, such as Program Director. The monitor explains what they will be doing and reviews previous findings.
5. Administrative review.
6. Program review.
7. Exit conference.
8. Written report.
9. Review of corrective action plan, if any.
10. Follow-up to ensure corrective action was taken.

Note: Technical assistance may be provided at any time.

Unannounced/Drop-Ins: These may be done at any time and usually, but not always, are abbreviated.

Site Inspections: These scheduled visits are conducted before an agency moves or after it has extensive renovations.

Investigations: These are conducted when the monitor notices that something may be amiss, or when we receive a complaint or tip. They are usually but not always unannounced.

Monitors also cooperate with other County offices and the State: attending entrance and exit conferences, accompanying on site visits, sharing information, and following up on findings.

Specific Documents Required: At or before the time of the site visit, the monitor asks the agency to provide copies of certain required documents. Some of the documents are specific to the mode of service provided under the contract, but many of them are universal. Documents generally requested include:

a. Articles of Incorporation and Bylaws

Purpose. To verify that the agency is appropriately incorporated and is governed by appropriate bylaws.

Procedure. The CPA ensures that ADPA contract files contain a copy of the agency's Articles of Incorporation and Bylaws, and reviews these documents annually to verify the identity of the corporate entity with which the County is contracting. In addition, the CPA uses these documents for reference in determining that the current structure and operational policies of the agency are consistent with the agency's own stated goals and objectives. If these documents are not on file, the CPA reviews them during the site review and obtains copies for the central file.

In reviewing the Articles of Incorporation, the CPA verifies that the document includes the official seal of California's Secretary of State, and that the agency's Board of Directors is consistent with the membership provisions described in the Articles. The CPA also records any inconsistencies in the above referenced areas, and discusses areas of concern during the exit conference. Unresolved issues are noted in the final report, along with actions required to correct the discrepancies (e.g., submit revised bylaws to the Secretary of State).

b. Form of Business Organization

Purpose. To verify the status of the agency in terms of its form of business.

Procedure. The CPA ensures that a notarized form of business organization is maintained in the contract files. This document should indicate the form of the organization

(corporation, partnership, or proprietorship), include a statement on whether the agency is substantively owned by another organization, and state whether the agency has any financial interest in any other organization with whom it is doing business. If this document is not on file, the CPA reviews it during the agency site visit and obtains a copy for the contract files.

If the agency has not prepared such a statement, or if the statement is otherwise incomplete, the CPA records this finding in the MAP and discusses the matter during the exit conference. The finding is also noted in the final report, along with actions required to bring this review item into compliance.

c. Business Permits

Purpose. To verify that the agency obtains and maintains appropriate local permits needed to provide services.

Procedure. Alcohol and drug agencies may be required to obtain and maintain on file various permits from local government, usually from the city where the program is located, or the County if the program is located in an unincorporated area. The following permits are usually required: certificate of occupancy, business license, zoning clearance, and fire inspection. In addition, residential programs and some nonresidential programs are required to have health permits. Local permits are reviewed by State representatives in conjunction with the licensing of residential facilities. Therefore, the CPA's confirmation of current licensing is an indication that local permits are in order. The CPA verifies the existence of the following permits for residential facilities: business license, zoning conditions, and fire permit.

In reviewing nonresidential programs, the CPA reviews the business license and zoning conditions. The CPA reviews the fire permit in a nonresidential program if the program facility includes group meeting areas with a capacity of 50 or more persons.

In reviewing local permits, the CPA verifies that these permits are on file in the contract file. Any permits not on file are obtained from the agency.

If the permits cannot be verified or if the CPA determines that the agency is at variance with the specifications of local permits, the CPA explains the circumstances on the MAP workpapers. This finding is discussed during the exit conference and noted in the final report as a deficiency along with actions required to correct the deficiency.

d. State Certification

Purpose. To ensure that the agency obtains and maintains State certification.

Procedure. All alcohol and drug service providers are required to be certified by the State Department of Alcohol and Drug Programs (SDADP) to receive funds under the

Substance Abuse and Crime Prevention Act of 2000. SDADP determines a program's qualifications for certification based on State Standards.

The State grants certification to agencies after a detailed review of specific program elements, staffing, and program administration.

The CPA verifies that a copy of the current certification approval is in the ADPA central contract file. If no copy is on file, the CPA obtains one from the agency.

e. State License

Purpose. To ensure the agency obtains and maintains State licenses when required by State law and regulations.

Procedure. Agencies providing residential services are required to have an appropriate license issued by the State of California. Most residential programs are licensed as Residential Recovery Programs by the State Department of Alcohol and Drug Programs (SDADP). Methadone Maintenance, Outpatient Detoxification, and Residential Detoxification drug programs also require a State methadone program license and a Drug Enforcement Administration license to dispense methadone. State licensing procedures are described in Title 9 of the California Code of Regulations.

The CPA determines that residential programs have a current, valid license. It is illegal to operate a residential program without a license. A facility operating without an appropriate license is given priority attention for immediate corrective action.

Several conditions may cause a change in the licensing status of a facility. Two important factors include change of program location and change of program director. Licenses are not transferable from one location to another. An agency has no legal authority to provide residential services in a new location without first undergoing the licensing process. Licenses also have limitations such as bed capacities and the characteristics of the persons served as program residents. There are often age restrictions – persons under 18 or over 64 often being excluded or restricted.

The CPA verifies that the ADPA contract file contains a copy of the current license. If the license is not on file, the CPA obtains a copy during the site visit.

f. Fire Safety Clearance

Purpose. To ensure that residential, detoxification, and methadone programs have a fire safety clearance.

Procedure. Because State licensed or Drug/Medi-Cal certified agencies must have a fire safety clearance, the CPA assumes that a fire inspection was performed for these agencies without a written report from the fire marshal. However, if agency staff state that no fire

marshal report was provided and that the residential license is current, but it has not been received by the agency, the CPA advises agency staff that the State will be called to verify that a fire inspection was conducted.

g. Board of Directors Roster

Purpose. To verify that the current membership of the agency's Board of Directors is consistent with its Articles of Incorporation and meets applicable contract requirements.

Procedure. The CPA reviews the agency's Board of Directors roster and notes any inconsistencies with its Articles of Incorporation or contract requirements. The Board of Directors must be composed of members at least 18 years old and should include representatives of target groups being served. Drug programs require at least seven Board members.

h. Organization Chart

Purpose. To ensure the agency maintains an organization chart that accurately reflects the agency's current administrative structure.

Procedure. The CPA ensures that an organization chart is on file, and compares it with the agency's most recent budgets. If the chart is not on file, the CPA obtains a current chart from the provider. During the entrance conference, the CPA determines if the organization chart is current, identifies any organizational changes, and discusses any inconsistencies with the program director.

i. Contract Signature Authorization

Purpose. To identify the person(s) with authority to sign contracts for the agency.

Procedure. The CPA verifies that a contract signature authorization statement is in the agency files. This statement should identify one or more persons authorized by the agency's Board of Directors to sign contracts for the agency.

If the statement is not on file, or the person(s) authorized to sign contracts has left or changed, the CPA requests a current signature authorization from the agency and notes the request in the final audit report.

j. Insurance

Purpose. To verify that the agency obtains and maintains appropriate insurance coverage for program operations.

Procedure. All agencies are required to indemnify the County against any costs to or claims made against the agency resulting from delivery of contracted services. Agencies

must maintain certain types of insurance policies to protect themselves and the County against such claims: for example, general liability, comprehensive auto liability, and workers' compensation insurance. In addition, professional liability insurance is required for agencies with professionally trained and credentialed staff who provide counseling, psychotherapy, medical screenings, or medical examinations. The exact types of insurance required and the minimum coverage amounts are listed in the contract exhibits.

The agency is required to provide to the County, copies of all required insurance policies prior to County approval of the contract. The agency must ensure that all policies are kept current, and that all policies reflect the minimum coverages and include all other provisions required by the contract.

Failure to procure and maintain required insurance is a serious breach of contract that exposes both the agency and the County to great liability, and will be dealt with as an emergency.

Below are listed more detailed procedures applying to various types of insurance:

General Liability. The CPA reviews a copy of the general liability insurance policy in the agency file. If a copy is not on file, the CPA obtains one from the agency.

The CPA reviews the policy and determines that it contains a provision to give the County written notice by registered mail at least 30 days in advance of any modification or termination of the insurance. The CPA also determines if the policy is endorsed for the following:

- (1) Premises – operations;
- (2) Products and completed operations;
- (3) Contractual;
- (4) Broad form property damage;
- (5) Personal injury with combined single and aggregate limits of not less than the amounts specified in the contract; and
- (6) Extended reporting period of not less than five years following termination of the contract, if insurance is written on a Claims Made form.

Automobile Liability. The CPA reviews the policy and determines that it contains a provision to give the County written notice by registered mail at least 30 days in advance of any modification or termination of the insurance. The CPA also determines that the coverage for a combined single limit is not less than the amount specified in the contract.

Workers' Compensation. The CPA verifies that the agency has Workers' Compensation insurance covering all persons providing services on behalf of the agency. The CPA verifies that the coverage is not less than the amount specified in the contract.

Professional Liability. The CPA determines if such insurance is necessary by checking the contract exhibit for the services provided. If such insurance is required, the CPA verifies that a copy is on file. If it is not, the CPA requests a copy from the agency.

If professional liability insurance is not required by the contract, but the contract services involve professionally trained and credentialed staff who provide counseling, psychotherapy, medical screenings, or medical examinations, the CPA explores the possibility of additional required insurance and informs the agency.

k. Real Property Disclosure Statement

Purpose. To insure full disclosure of the agency's rental or lease arrangements for real property utilized in program operations.

Procedure. If the agency is renting, leasing, or subleasing any real property where services are provided, or is planning to do so, the agency is required to submit an affidavit, sworn to and executed by the officers of the Board of Directors, that contains the following information:

- (1) Address of such property;
- (2) Fair market value of property as reflected in most recently issued County Tax Collector tax bill;
- (3) Detailed description of rental agreements, leases, and subleases, which should include:
 - (a) Duration of rental agreement, lease, or sublease;
 - (b) Amount of money to be paid to lessor or sublessor for the term of the rental agreement, lease, or sublease;
 - (c) Type and dollar value of any other consideration to be paid to the lessor or sublessor during the term of the contract;
 - (d) Full names and addresses of all parties who stand in the position of lessor or sublessor;
 - (e) Listing of names of all officers, directors, and stockholders if the lessor or sublessor is a private corporation and its shares are not publicly traded;
 - (f) Listing of all general and limited partners if lessor or sublessor is a partnership; and
 - (g) Listing of all agency officers, directors, advisory board members, staff, or consultants who have any family relationship by marriage or blood with a lessor or sublessor of real property used for program purposes, or who have any financial interest in the lessor or sublessor's business.

The CPA confirms that the above mentioned affidavit is on file, and that the affidavit is complete in terms of each of the above referenced areas of disclosure. The CPA asks the

agency representative to ascertain that there have been no changes in rental agreements, leases, or subleases, and that there have been no changes in relationships between agency staff or board members and representatives of the lessor or sublessor.

If the document is not on file or is incomplete, the CPA notes this finding in the MAP, and requires the agency to provide the real property disclosure affidavit within a specified period of time.

l. Leases

Purpose. To ensure that an agency that rents, leases, or subleases property for contracted services has a written rental agreement.

Procedure. The CPA reviews the contract files to ensure that the rental agreement is current. If no current agreement is on file, the CPA requests a copy from the agency for all applicable locations.

m. Staff Resumes; Job Descriptions

Purpose. To compare the number and level of agency staff employed in contract services with the number and level of staff listed in the contract budgets, and to verify that all such staff satisfy personnel requirements specified by the County and State.

Procedure:

- (1) The CPA reviews the personnel records of all staff whose salaries are paid in whole or in part through the County contract. If the agency is monitored again during the same fiscal year, the CPA updates the previous personnel review. The CPA determines whether the agency:
 - (a) Employs at least one individual specifically to work full time on services funded under each contract (exceptions must be approved in writing by ADPA);
 - (b) Employs at least the minimum number of staff identified in the agency's budget; and
 - (c) Fills any vacant budgeted position within 30 days after the vacancy occurs (exceptions must be approved in writing by ADPA).
- (2) The CPA reviews personnel files of each management and service employee to confirm that the agency:
 - (a) Provides 24 hours of training each year;

- (b) Designates an AIDS resource person to receive HIV/AIDS education and training for providing information to staff and clients/participants;
 - (c) Provides new staff with HIV/AIDS education within the first three months of employment;
 - (d) Provides staff with 16 hours of HIV/AIDS training each year (which may be counted toward the total 24 hour training requirement); and
 - (e) Provides management with eight hours of HIV/AIDS training each year (which may be counted toward the total 24 hour training requirement).
- (3) The CPA determines whether the following documentation is included in all new employees' personnel files, and a selected sample of all employees.
- (a) Sexual contact prohibition. Confirm whether each employee has been informed of the agency policy regarding sexual contact prohibition between clients/participants and employees/Board members.
 - (b) Confidentiality. Confirm that each employee has been informed of the agency policy regarding confidentiality of participant records, which must incorporate the provisions of State and federal regulations referred to in the contract.
 - (c) HIV/AIDS policy. Confirm that each employee has been informed of the agency policy regarding HIV/AIDS.
 - (d) Unlawful solicitation. Confirm that each employee has been informed of the agency policy regarding unlawful solicitation which must incorporate the provisions of State regulations as referenced in the contract.
 - (e) Conflict of interest. Determine whether each employee holds any position in Los Angeles County which would enable him or her to influence the award of County contracts for alcohol or drug services. The best evidence of this would be a signed declaration by each employee that he/she holds no such position. However, a signed declaration by the agency director that no employees hold such positions will satisfy this requirement.
 - (f) Elder abuse reporting. Verify that each employee has acknowledged in writing his or her responsibility to report suspected elder abuse to the appropriate authorities.
 - (g) Child abuse reporting. Verify that each employee involved in the delivery of services has acknowledged in writing awareness of his or her responsibility to report suspected child abuse and neglect situations to the appropriate authorities.

- (h) Resume, job description. By reviewing any contract specifications and the person's resume and job description, verify that the staff person meets the minimum qualifications for the position.
- (i) Tuberculosis test verification. For alcohol and drug residential programs, determine that staff have good physical health as evidenced by a health screening, including a test for tuberculosis, performed under licensed medical supervision not more than 60 days prior to or seven days after employment with TB testing renewable each year. Personnel with a known record of TB or record of positive testing shall not be required to be retested if a physician verifies the individual has been under regular care and monitoring for TB.
- (j) First aid/medical symptom/cardiopulmonary resuscitation. Verify that each staff person involved in the provision of direct services to program participants in sobering, detoxification, or other residential program activities has received a full course in cardiopulmonary resuscitation (CPR) and first aid. Also determine that such employees have received training in the recognition of the following medical conditions which would require immediate attention and referral: jaundice, convulsions, shock, severe pain, bleeding, and coma. Volunteers working in recovery services not under supervision of paid staff must also meet these requirements.
- (k) I-9 Form. Ensure that the agency's hiring practices comply with the Immigration Reform and Control Act of 1986 which requires agencies to:
- Have employees fill out their part of I-9 Form within three business days of employment. If an interpreter is used, they must also sign the form;
 - Complete the I-9 Form by verifying documents that establish the employee's identity and eligibility to work; and
 - Retain the form for a minimum of three years, or one year after the person leaves employment.

The CPA checks the I-9 Form to ensure that:

- The employee completes the upper half of the form in full;
- The preparer or translator, if there is one, also signs the upper half of the document; and
- The employer verifies the required documents by completing the bottom half of the form. Required documents are either one document from List A, or one document from List B and list C.

- (l) Performance evaluation. Enter the date of the last performance evaluation for each staff member. Determine that the performance of each employee is evaluated at least annually.
- (m) Hired/vacancy dates. Enter the applicable hiring and departure dates for each employee.
- (n) Total training. Enter the total number of training hours for each staff. Twenty-four hours per year are required for each employee.
- (o) HIV training. Enter the total number of HIV training hours for each staff. Sixteen hours required for staff; eight hours for management.

n. Staff Development Plan

Purpose. To ensure that the agency has a written plan to train its staff in accordance with the contract.

Procedure. The CPA reviews the agency's staff development plan to ensure that the minimum numbers of hours for training and AIDS education are met. The agency is to submit this plan annually. If no plan is on file, the CPA requests a copy from the agency.

o. Participant/Client Fee Determination System

Purpose. To ensure that the agency assesses and collects fees from participants/clients when applicable.

Procedure. The CPA determines that a participant/client fee determination is on file . However, no person shall be denied admission to services due to their inability to pay for such services.

Contract providers shall set fees and follow fee assessment and collection practices consistent with requirements promulgated by ADPA.

p. Earthquake/Emergency Policy

Purpose. To determine that the agency has an earthquake/emergency policy in place.

Procedure. The CPA verifies that an earthquake/emergency policy is posted in a conspicuous place. The CPA also ensures that a copy of such policy is on file.

q. HIV/AIDS Policy

Purpose. To determine that the agency has an HIV/AIDS policy in place.

Procedure. The CPA verifies that an AIDS policy is posted in a conspicuous place. The CPA also ensures that a copy of such policy is on file.

**ATTACHMENT A
COMMUNITY ASSESSMENT
SERVICE CENTER (CASC)
REFERRAL**

SUPERIOR COURT OF CALIFORNIA - COUNTY OF LOS ANGELES

**Community Assessment Service Center (CASC) Referral
Substance Abuse Crime Prevention Act - Proposition 36**

Defendant's Name:	Case #:
Defendant's Address:	
Referring Court (Dept./Div.):	Referred to CASC: #
Next Court Date:	Dept./Div.: Courthouse:

1. Call the identified Community Assessment Service Center within 3 days to schedule an appointment.
2. Call the identified Community Assessment Service Center on ----- to schedule an appointment.
(1 week)

Community Assessment Service Centers (circle appropriate CASC location)

(01) Tarzana TreatmentCtr./ San Fernando Valley Mental Health Center 44447 No. 10th Street West Lancaster, Ca. 93534 (661) 726-2630 ext.113 (661) 726-2635 fax	(05) Prototypes/Tri-City Community Mental Health Center 160 East Holt Ave. Pomona, Ca. 91767 (909) 469-5830 (909) 620-5930 fax	(11) Integrated Care System 12714 S. Avalon Blvd. Suite 300 Los Angeles, Ca. 90061 (323) 756-6837 (323) 755-6847 fax	(16) Behavioral Health Services 279 Beach Ave. Inglewood, Ca. 90302 (310) 973-2272 (310) 973-7813 fax
(02) San Fernando Valley Mental Health Ctr./Tarzana Treatment Center 18646 Oxnard St. Tarzana, Ca. 91356 (818) 996-1051 ext. 1115 (818) 345-3778 fax	(06) Prototypes 155 N. Madison Ave. Pasadena, Ca. 91101 (626) 444-0705 (626) 444-0710 fax	1. Integrated Care System 8836 S. Vermont Ave. Los Angeles, Ca. 90044 (213) 895-7700 ext. 811 (323) 778-2599 fax	2. Behavioral Health Services 1316 N. Avalon Blvd., SuiteA Wilmington, Ca. 90744 (310) 973-2272 (310) 973-7813 fax
(03) San Fernando Valley Mental Health Ctr./Tarzana Treatment Center 14658 Oxnard St. Van Nuys, Ca. 91411 (818) 285-1900 (818) 285-1906 fax	(07) Homeless Health Care 2330 Beverly Blvd. Los Angeles, Ca. 90057 (213) 342-3114 (213) 342-3124 fax	(13) Integrated Care System 4211 S. Avalon Blvd. Los Angeles, Ca. 90011 (323) 233-0425 ext. 278 (323) 233-5015 fax	(18) Behavioral Health Services 1775 Chestnut Ave. Long Beach, Ca. 90813 (310) 973-2272 (310) 973-7813 fax
(04) Prototypes 11100 E. Valley Blvd., Suite 116 El Monte, Ca. 91731 (626) 444-0705 (626) 444-0710 fax	(08) Homeless Health Care 6838 Sunset Blvd. Hollywood, Ca. 90028 (323) 461-3161 (323) 461-5683 fax	(14) California Hispanic Commission 5801 E. Beverly Blvd. Los Angeles, Ca. 90022 (323) 722-4529 (323) 722-4450 fax	3. California Hispanic Commission 9033 Washington Blvd. Pico Rivera, Ca. 90660 (562) 942-9625 (562) 942-9695 fax
	(09) Homeless Health Care 3421 E. Olympic Blvd. Los Angeles, Ca. 90023 (323) 262-1786 (323) 262-2659 fax	(15) Behavioral Health Services 15519 Crenshaw Blvd. Gardena, Ca. 90249 (310) 973-2272 (310) 973-7813 fax	4. San Fernando Valley Mental Health Ctr./Tarzana Treatment Center 2151 E. Palmdale Blvd. Palmdale, Ca. 91350 (661) 266-4517 (661) 266-9176 fax
	(10) Didi Hirsch Community Mental Health Center 11133 Washington Blvd. Culver City, Ca. 90230 (310) 895-2300 (310) 895-2395 fax		

I promise to make and keep an appointment at the Community Assessment Service Center (CASC) indicated above by calling the telephone number provided to me for that location. I further promise to appear at the CASC for an evaluation by the Probation Department and substance abuse counselor in order that I may be evaluated for treatment services pursuant to Proposition 36.

I understand that my failure to make and keep an appointment at the CASC may result in a revocation of my own-recognition release and bail being set in this matter. I further understand that my failure to make and/or keep this appointment may be a factor considered by the sentencing court in setting or modifying the terms and conditions of my probation or terminating probation.

Signed: _____
Defendant

Date: _____

Prepared by: _____
Deputy Clerk

Date: _____

Distribution: Original (white) court file; yellow copy defendant

ATTACHMENT B
ADMINISTRATIVE DIRECTIVE:
CHANGES TO CADDs SYSTEM
FOR PROP 36

**ALCOHOL AND DRUG PROGRAM ADMINISTRATION
PROPOSITION 36 CONTRACT AUGMENTATIONS**

**ADMINISTRATIVE DIRECTIVE
JUNE 20, 2001**

FINANCE REQUIREMENTS

Billing

Forms

We require that you submit your monthly Proposition 36 expenditures on different forms so that these billings can be kept separate from your existing contract billings. These forms (Attachment I) are similar to your existing billing forms (residential, non-residential, staff hours, etc.) but are labeled **Proposition 36 Use Only**. Please use these forms only for Proposition 36 expenditures. If an existing contract exhibit is augmented for Proposition 36, your monthly billing for that exhibit will consist of two sets of forms, one for the existing program, and one for Proposition 36. Within contract exhibits, Proposition 36 budgets will not be used to reimburse non-Proposition 36 expenditures, and vice-versa.

Workload Information

You are also required to report workload information as part of your monthly billings. The required workload information consists of a) number of clients served, and b) units of service based on modality. Units of service information is required even if your contract is reimbursed by line-item cost or staff hours. Although staff hours are sometimes considered a unit of service, staff hour contracts will still be required to report the appropriate units of service based on service modality (e.g. bed day, visits, etc.).

Drug/Medi-Cal - Though drug/medi-cal treatment is not reimbursed through Proposition 36, for statistical purposes we require that Proposition 36 client information be identified on your drug/medi-cal forms. The billing forms have spaces for you to provide this information. In addition, the Drug/Medi-Cal Eligibility Report, which you provide on disk, will have a new Proposition 36 column where you can denote if a client record pertains to Proposition 36.

Please note that your workload information must be consistent with the client information submitted separately on the Los Angeles County Participant Reporting System (LACPRS). Incomplete or inconsistent data may result in delay of payment or non-payment.

Probation Cost

Community Assessment and Service Center (CASC) contracts must also report costs incurred related to Probation Department staff. We will reimburse you for these costs and then recoup the costs from the Probation Department. The Staff Hours billing form has spaces for you to provide this information.

Additional Cost Information

Due to our County reporting requirements as it relates to cost (see Cost Reporting section), we are requiring that you report line-item cost information on your billing forms. This represents an additional requirement for your fee-for-service (FFS) and provisional rate billings. For example, your FFS billing would take the total invoice amount (rate * units) and separate that amount into salaries & employee benefits, services & supplies, etc. Additional space is provided for this information.

Cost Reporting

Year-End

Your year-end cost reports will need to report Proposition 36 expenditures separately. Similar to the billing procedure, a separate set of forms is provided for you to report Proposition 36 costs and units of service (Attachment II). We will also discuss these requirements during our annual cost report training.

Bi-Monthly

ADPA is required to provide progress reports to the Los Angeles County Board of Supervisors every 60 days. This report will be generated from the fiscal and client data that you submit monthly on the Proposition 36 Billing Forms. Therefore, it is important that the billing forms are completed in full. Incomplete data may result in delay of payment or non-payment.

Allowable Costs

Allowable costs are governed by Section 9530 of the Proposition 36 Regulations (Regulations) (Attachment III). Please note that while these costs are allowable by the State, they must also be covered by your particular contract budget to be reimbursable. Particularly in the areas of equipment and construction, written approval from the County must be obtained prior to such expenditures. Below are a few highlights of allowable cost:

General

- C Prior and subsequent to July 1, 2001, funds may be used for activities needed in order to implement Proposition 36. This involves the costs of providing drug treatment services and other services such as vocational training, literacy training, and family counseling.
- C Allowable and allocable cost shall be made utilizing the guidelines contained in the Regulations and in cost principles published by the Office of Management and Budget (OMB) Circular A-122, Cost Principles for Non-Profit Organizations.®

Equipment

- C Equipment purchased with Proposition 36 funds must be used for services provided under Proposition 36.

- C Equipment costing more than \$5,000 must be capitalized and may be recovered only through straight-line depreciation using the ATable of Class Lives and Recovery Periods@ in federal IRS Publication 946. All equipment purchases are bound by Section 9530 (g) of the Regulations.
- C Equipment costing less than \$5,000 may be reimbursed in the year costs were incurred.
- C Written approval must be obtained from the County prior to purchasing equipment.

Land & Buildings (new construction and additions)

- C Funds shall not be used for the purchase of land, purchase or construction of buildings, or additions to buildings. However, capitalization of non-State funded purchases or construction of buildings, or additions to buildings may only be recovered through straight-line depreciation over the class life of the property as specified in the “Table of Class Lives and Recovery Periods@ in federal IRS Publication 946.

Alterations and Renovations

- C Alterations and renovations are allowable costs under Proposition 36 subject to Sections 9530 (h) and (j) of the Regulations.
- C Costs up to \$150,000 may be reimbursed in the year costs were incurred. Costs over \$150,000 shall be capitalized and depreciated using federal IRS Publication 946.
- C Written approval must be obtained from the County prior to commencement of any alterations or renovations.
- C If contractor ceases to provide services pursuant to Proposition 36 prior to July 1, 2006, a prorated portion of funding used for alterations or renovations will be collected by the County.

Drug Testing

- C Community Based organizations shall not use funds for costs of drug testing.

Audit Compliance

We anticipate that Proposition 36 program expenditures will be made a priority for audits. Therefore, it is important that your accounting records are able to differentiate Proposition 36 expenditures from non-Proposition 36 expenditures. This not only will help to prevent negative future audit findings, but can also facilitate your billing. Please note that State regulations require that records be kept for up to five years.

Providers receiving \$300,000 or more annually in Proposition 36 funds shall also have performed an annual audit in accordance with generally accepted government auditing standards as described in **A**Government Auditing Standards (1994 Revision),**@**published for the United States General Accounting Office by the Controller General of the United States. This audit shall be completed with a copy of the audit report sent to the County within nine months after the close of the June 30th fiscal year.

Agencies already required to have performed an audit as required by OMB Circular A-133 and receives funds, of any amount under Proposition 36, shall ensure that the single audit addresses compliance with the requirements of Proposition 36. Completion of the OMB A-133 may be relied on to satisfy the responsibilities under Section 9545(a) of the Regulations.

PROGRAM REQUIREMENTS

Drug Testing

All contractor agencies must have an established *written* drug testing protocol, which must be approved by ADPA.

Level of Care

Treatment services under Proposition 36 consists of a three-level system increasing in duration and intensity depending on the assessed needs of the offender. The treatment levels are signified as Levels I, II, and III with Level III providing the most intense treatment. Furthermore, each treatment level includes a mix of services which can be tailored to match the needs of a particular client. Treatment agencies must provide treatment as prescribed within each level of care.

Interagency Coordination

Treatment agencies are required to cooperate with the Proposition 36 Courts, Community Assessment Service Centers, Probation Department, and other criminal justice agencies by meeting informational needs to facilitate effective case processing of Proposition 36 offenders.

Evaluation and Data Collection

All participating contractor agencies will be required to:

- Submit limited treatment information and treatment progress reports as specified by the court,
- Provide specified treatment information within required time frames and in a manual and/or electronic format designated by the court,
- Provide necessary input and data for ADPA's UCLA data evaluation and collection study (LACES).

At a minimum, each agency will be required to:

- Comply with SDADP requirements needed to comply with the revised LACPRS/CADDS Principal Source of Referral categories;
- Complete the additional LACPRS evaluation questions; and
- Provide computer hardware and software necessary to communicate with the ADPA information network and the Treatment Courts and Probation eXchange (TCPX, pronounced TC-Pix) system.

INFORMATION SYSTEMS REQUIREMENTS

In compliance with the requirements of Proposition 36, providers must provide input to the following systems.

TREATMENT COURTS AND PROBATION EXCHANGE SYSTEM

The Treatment Courts and Probation eXchange (TCPX, pronounced TC-Pix) system will be a Web-enabled database application designed to support the operational and administrative requirements of Proposition 36.

Minimum Configuration for Computer Workstations:

- Internet Access (ex. AT&T, Earthlink, AOL,...)
- Pentium CPU
- 3.5" Floppy Disk Drive
- Standard Keyboard/Mouse
- 56 K V.90 Modem (for Dial-up users)
- 15" Monitor
- Windows 2000/98/95/
- Internet Explorer 4.0 or Netscape Communicator
- Printer
- SecurID Card (provided by Los Angeles County, Internal Services Department)

LOS ANGELES COUNTY PARTICIPANT REPORTING SYSTEM

Beginning July 1, 2001, three changes have been made to the **Principal Source of Referral** area of the Los Angeles County Participant Reporting System (LACPRS), in compliance with State requirements.

Selection number six (6) has been modified to clarify when a client is referred from the Court/Criminal Justice but is not a Proposition 36 client; selection number nine (9) has been added to identify Proposition 36 clients coming from the courts or probation offices; And selection number ten (10) has been added to identify Proposition 36 clients coming from the State parole offices.

These LACPRS modifications are listed as follows:

Question 10. PRINCIPAL SOURCE OF REFERRAL

- | | |
|--|--|
| • 1. Individual (Includes self-referral) | • 6. Non-SACPA Court/Criminal Justice |
| • 2. Alcohol/Drug Abuse Care Program | • 7. 12 Step mutual aid (AA, Al-Anon, etc.) |
| • 3. Other Health Care Provider | • 8. Other Community Referral |
| • 4. School (Educational) | • 9. SACPA Court/Probation |
| • 5. Employer/EAP | • 10. SACPA Parole |

LACPRS Additional Evaluation Questions

For Proposition 36 research and evaluation purposes, the following admission and discharge questions will be added to LACPRS.

ADMISSION		
	During the Last 30 Days	During the Last 6 Months (180 Days)
How many days have you used..		
Heroin	_____	_____
Cocaine / crack	_____	_____
Methamphetamine (or amphetamine)	_____	_____
Cannabis	_____	_____
Prescription Drugs (barbs, benzos, vicodin, codeine, etc.)	_____	_____
Other (Ecstasy, GHB, LSD, PCP)	_____	_____
Alcohol	_____	_____
Alcohol to Intoxication	_____	_____
How many days did you inject yourself with drugs?	_____	_____
How many days have you experienced medical problems?	_____	_____
How many days have you received treatment for medical problems at a hospital, clinic, or doctor's office?	_____	_____
How many days were you paid for working?	_____	_____
How much money did you earn for legal work?	_____	_____
How many days did anyone abuse you physically or Sexually?	_____	_____
How many days have you had serious conflict with your family?	_____	_____
How many days have you experienced psychological or emotional problems?	_____	_____
How many days have you been treated for psychological or emotional problems in a hospital, inpatient, or outpatient clinic?	_____	_____
How many days have you engaged in illegal activities for Profit?	_____	_____
How many days were you detained or incarcerated?	_____	_____

DISCHARGE		
	During the Last 30 Days	Since Admission
How many days have you used..		
Heroin	_____	_____
Cocaine / crack	_____	_____
Methamphetamine (or amphetamine)	_____	_____
Cannabis	_____	_____
Prescription Drugs (barbs, benzos, vicodin, codeine, etc.)	_____	_____
Other (Ecstasy, GHB, LSD, PCP)	_____	_____
Alcohol	_____	_____
Alcohol to Intoxication	_____	
How many days did you inject yourself with drugs?	_____	_____
How many days have you experienced medical problems?	_____	_____
How many days have you received treatment for medical problems at a hospital, clinic, or doctor's office?	_____	_____
How many days were you paid for working?	_____	_____
How much money did you earn for legal work?	_____	_____
How many days did anyone abuse you physically or sexually?	_____	_____
How many days have you had serious conflict with your family?	_____	_____
How many days have you experienced psychological or emotional problems?	_____	_____
How many days have you been treated for psychological or emotional problems in a hospital, inpatient, or outpatient clinic?	_____	_____
How many days have you engaged in illegal activities for profit?	_____	_____
How many days were you detained or incarcerated?	_____	_____

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
1700 K STREET
SACRAMENTO, CA 95814-4037
TDD (916) 445-1942
(916) 327-5563



DATE: June 5, 2001

TO: CADDs Providers

SUBJECT: Changes to CADDs System for Prop 36

Changes to the California Alcohol and Drug Data System (CADDs) Principal Source of Referral Code will go into effect on July 1. These changes are necessitated by Proposition 36, the Substance Abuse and Crime Prevention Act of 2000 (SACPA). All Admission data submitted to the State for clients admitted July 1, 2001, onward must use the new values. This letter explains how the new data values differ from the previous version and how to use them.

Providers reporting data on State-supplied paper forms must use the new CADDs forms that are being distributed this month, and after processing June admissions should destroy unused sets of old CADDs forms. Instructions on the use of the new paper forms, which differ in Question 10, will be provided with the forms.

CADDs Change: Principal Source of Referral Categories

The only change to CADDs is in the Source of Referral at Admission. Formerly, this question had 8 possible choices. It now has 10 possible choices; one choice has been redefined and two new ones have been added. The **new or redefined** categories are shown here in bold:

- | | |
|---------------------------------------|--|
| 1. Individual (includes selfreferral) | 6. Non-SACPA Court/Criminal Justice |
| 2. Alcohol/Drug Abuse Care Program | 7. 12 Step mutual aid(AA,Al-Anon,etc.) |
| 3. Other Health Care Provider | 8. Other Community Referral |
| 4. School (Educational) | 9. SACPA Court/Probation |
| 5. Employer/EAP | 10. SACPA Parole |

This information is crucial for the State and Counties to learn about services provided under SACPA.

How to Use the Principal Source of Referral Code - Questions & Answers

1. Q. What if a client, who is already in treatment, becomes a SACPA client?

A. Discharge with a status of 4, 'referred or transferred' and re-admit client as a SACPA referral.

2. Q. What if a client is incorrectly coded as a SACPA client on admission?

A. Submit an admission correction to correct the Principal Source of Referral.

3. Q. Is California Department of Corrections (CDC) ID required for CADDs?

A. Only if the client and provider are already part of the Parolee Services Network (PSN) or Female Offenders Treatment Program (FOTP).

4. Q. How can you tell whether a client is a SACPA Court/Probation or SACPA Parole referrals?

A. Check with your SACPA County Lead agency to determine procedures in your county.

5. Q. My site uses the State-provided CADDs paper forms. What form do I use to report discharges for clients who were admitted prior to July 1?

A. Use the discharge page from the old form.

For help with CADDs please contact ADP's Data Management Services Section at (916) 327-5563 or email CADDSDAT@ADP.STATE.CA.US.

You can find more information about SACPA, CADDs, and other ADP data collection projects on ADP's Website <http://www.adp.ca.gov>. Thank you for your time and efforts on this important CADDs update.

Sincerely,

Original Signed By

Jon Meltzer

Supervisor, Data Management Services Section

Information Management Services Division

cc: County AOD Administrators and SACPA Lead Agencies

ATTACHMENT C
PRINCIPLE OF TREATMENT

PRINCIPLES FOR TREATMENT SERVICES

Substance abuse treatment services provided under the Los Angeles County Proposition 36 program administered by the Alcohol and Drug Program Administration will be based upon the following working principles:

Effective Treatment

Treatment services for alcohol and other drug (AOD) problems provided under the Los Angeles County Proposition 36 program will be based on the following basic overarching research-based principles of effective treatment identified by the National Institute on Drug Abuse (NIDA, 1999):

1. **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
2. **Treatment needs to be readily available.** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.
4. **An individual's treatment and service plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.** An individual may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, the person at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.
5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most individuals, the threshold of significant improvement is reached at about three months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep persons in treatment.
6. **Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.** In treatment, individuals address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving

abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some persons with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For persons with mental disorders, both behavioral treatments and medications can be critically important.
8. **Addicted or drug-abusing individuals with co-existing mental disorders should have both disorders treated in an integrated way.** Because addictive disorders and mental disorders often occur in the same individual, persons presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.
9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some persons it is a strongly indicated precursor to effective drug addiction treatment.
10. **Treatment does not need to be voluntary to be effective.** Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.
11. **Possible drug use during treatment must be monitored continuously.** Lapses to drug use can occur during treatment. The objective monitoring of a person's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the person withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to persons who test positive for illicit drug use is an important element of monitoring.
12. **Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.** Counseling can help individuals avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.
13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

Service Delivery

Alcohol and other drug (AOD) treatment services under the Los Angeles County Proposition 36 program will be characterized by the following basic overarching principles of effective service delivery for County residents:

Community-based - AOD treatment services will be provided by State certified or licensed programs with established records of effectively and efficiently providing such services in local communities.

Continuum of treatment services - AOD treatment services will be provided using a continuum that offers a full range of approaches to address the dynamic nature of an individual's recovery process. Services will be designed to offer participants flexibility to increase or decrease intensity according to the individual's treatment progress and to address changes in individual situations in an expeditious manner.

Accessible - The physical configuration and location of facilities in which AOD treatment services are provided must be accessible for all eligible participants. Facilities must be positive, supportive recovery environments and not present physical barriers to participants for engaging in recovery activities. Facilities must be located at sites that participants can conveniently reach using either private or public transportation.

Culturally and linguistically appropriate - AOD treatment services must be provided using approaches that appropriately and respectfully address each participant's gender, cultural practices and values, and sexual orientation. Services must be available in English and also in other languages for participants who cannot communicate in English.

Collaborative and cooperative partnership between Courts, Probation, and AOD treatment agencies - The effectiveness of AOD treatment services for Proposition 36 program participants is critically dependent upon a strong partnership with the Courts, Probation Department, and criminal justice agencies. The Proposition 36 program continues the successful relationship between these entities developed through collaborative initiatives such as the Los Angeles County Drug Court Program.

Reference: National Institute on Drug Abuse, Principles of Drug Addiction Treatment: A Research-Based Guide. National Institutes of Health. October 1999.

ATTACHMENT D
SAMPLE DRUG TESTING
PROTOCOLS & PROCEDURES

PROPOSITION 36

SAMPLE DRUG TESTING PROTOCOLS AND PROCEDURES

The Los Angeles County Proposition 36 Implementation Plan requires that all Proposition 36 participants submit to urinalysis testing during the course of their treatment program. All three levels of treatment services (Level I, II, & III) shall include drug testing.

All programs shall strictly observe procedures designed to preserve the confidentiality of each client and prevent specimen tampering. These procedures shall include:

ORIENTATION AND TRAINING OF STAFF

- \$ All staff involved in the collection of urine must attend in-service training and workshops on appropriate protocols and procedures for collecting urine samples.
- \$ Training shall, at a minimum, address evasion techniques, use of squeeze bottles or devices, urine temperatures, and attempts to dilute specimens.
- \$ Only staff trained in procedures for collecting urine samples, including the chain of custody and proper submission of lab forms, shall conduct urine testing.
- \$ No staff member currently on probation or parole is eligible to monitor urine collection. Only staff who have completed the treatment program or have 18 months drug and alcohol free should be allowed to monitor clients.

PROCEDURES FOR OBTAINING URINE SPECIMENS

- \$ All submissions of urine specimens will be observed.
- \$ Male staff will monitor male participants and female staff will monitor female participants.
- \$. All specimen collections shall be done in a secure designated location. Each program shall designate a restroom facility where urinalysis testing is conducted. It is preferable that this facility be used only for testing and not be available for general use. If this is not possible, staff shall inspect the facility for security purposes and to ensure that any opportunity or materials for tampering with the procedures or specimen are minimized.
- \$ Program participants may not take non-essential clothing or articles into the collection area (jackets, purses, etc.)

\$ Urine specimens containing less than 35 millimeters are not acceptable.

CHAIN OF CUSTODY REQUIREMENTS

\$ Only staff trained in the use of the chain of custody, completion of lab order forms and in the procedures for collecting urine samples shall conduct urine testing.

\$ The chain of custody requires:

- The specimen is collected in the presence of a witness
- The specimen container is sealed with evidence tape. The tape is initialed and dated by the client.
- The staff witness completes part one of the chain of custody form. The client number is entered on the form and affixed to the specimen bottle.
- The client completes part two of the chain of custody form.
- The staff person completes the form which includes collection date, time, client identification number, sex, age, any prescription drugs, test identification.
- The copy of the chain of custody, original lab order form and sealed specimen are placed in plastic specimen bag. The strip is removed to seal the bag.
- The specimen bag is locked in a lab shipping bag and sealed with evidence tape. The bag is locked in the pick-up location and lab dispatch is notified.
- The urinalysis is recorded on the drug screen log.

\$ Once the specimen has been collected, recording procedures for proper identification, sealing of the specimen, and placement into a locked storage refrigerator shall be conducted in the presence of the participant.

STORAGE OF SUPPLIES

\$ All supplies must be securely stored.

\$ Access to urinalysis supplies is limited to staff members directly involved in the urine collection process.

\$ No clients are allowed access to storage areas without appropriate supervision.

\$ Each program must maintain a locked refrigerator for specimen storage.

\$ Release of specimens may only be made to authorized laboratory personnel.

ATTACHMENT E
PROPOSITION 36 LEGISLATION

PROPOSITION	2000 General
36	DRUGS. PROBATION AND TREATMENT PROGRAM.
Text of Proposed Law	

This initiative measure is submitted to the people in accordance with the provisions of Article II, Section 8, of the California Constitution.

This initiative measure adds sections to the Health and Safety Code and the Penal Code; therefore, new provisions proposed to be added are printed in *italic type* to indicate that they are new.

PROPOSED LAW

SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000

SECTION 1. Title

This act shall be known and may be cited as the “Substance Abuse and Crime Prevention Act of 2000.”

SEC. 2. Findings and Declarations The People of the State of California hereby find and declare all of the following:

- (a) Substance abuse treatment is a proven public safety and health measure. Nonviolent, drug-dependent criminal offenders who receive drug treatment are much less likely to abuse drugs and commit future crimes, and are likelier to live healthier, more stable and more productive lives.
- (b) Community safety and health are promoted, and taxpayer dollars are saved, when nonviolent persons convicted of drug possession or drug use are provided appropriate community-based treatment instead of incarceration.
- (c) In 1996, Arizona voters by a 2–1 margin passed the Drug Medicalization, Prevention, and Control Act, which diverted nonviolent drug offenders into drug treatment and education services rather than incarceration. According to a Report Card prepared by the Arizona Supreme Court, the Arizona law: is “resulting in safer communities and more substance abusing probationers in recovery,” has already saved state taxpayers millions of dollars, and is helping more than 75 percent of program participants to remain drug free.

SEC. 3. Purpose and Intent The People of the State of California hereby declare their purpose and intent in enacting this act to be as follows: (a) To divert from incarceration into community-based substance abuse treatment programs nonviolent defendants, probationers and parolees charged with simple drug possession or drug use offenses;

(b) To halt the wasteful expenditure of hundreds of millions of dollars each year on the incarceration—and reincarceration—of nonviolent drug users who would be better served by community-based treatment; and

(c) To enhance public safety by reducing drug-related crime and preserving jails and prison cells for serious and violent offenders, and to improve public health by reducing drug abuse and drug dependence through proven and effective drug treatment strategies.

SEC. 4. Section 1210 is added to the Penal Code, to read: *1210. Definitions As used in Sections 1210.1 and 3063.1 of this code, and Division 10.8 (commencing with Section 11999.4) of the Health and Safety Code:*

(a) The term “nonviolent drug possession offense” means the unlawful possession, use, or transportation for personal use of any controlled substance identified in Section 11054, 11055, 11056, 11057 or 11058 of the Health and Safety Code, or the offense of being under the influence of a controlled substance in violation of Section 11550 of the Health and Safety Code. The term “nonviolent drug possession offense” does not include the possession for sale, production, or manufacturing of any controlled substance.

(b) The term “drug treatment program” or “drug treatment” means a licensed and/or certified community drug treatment program, which may include one or more of the following: outpatient treatment, half-way house treatment, narcotic replacement therapy, drug education or prevention courses and/or limited inpatient or residential drug treatment as needed to address special detoxification or relapse situations or severe dependence. The term “drug treatment program” or “drug treatment” does not include drug treatment programs offered in a prison or jail facility.

(c) The term “successful completion of treatment” means that a defendant who has had drug treatment imposed as a condition of probation has completed the prescribed course of drug treatment and, as a result, there is reasonable cause to believe that the defendant will not abuse controlled substances in the future.

(d) The term “misdemeanor not related to the use of drugs” means a misdemeanor that does not involve (1) the simple possession or use of drugs or drug paraphernalia, being present where drugs are used, or failure to register as a drug offender, or

(2) any activity similar to those listed in paragraph (1).

SEC. 5. Section 1210.1 is added to the Penal Code, to read:

1210.1. Possession of Controlled Substances; Probation; Exceptions

(a) Notwithstanding any other provision of law, and except as provided in subdivision (b), any person convicted of a nonviolent drug possession offense shall receive probation. As a condition of probation the court shall require participation in and completion of an appropriate drug treatment program. The court may also impose, as a condition of probation, participation in vocational training, family counseling,

literacy training and/or community service. A court may not impose incarceration as an additional condition of probation. Aside from the limitations imposed in this subdivision, the trial court is not otherwise limited in the type of probation conditions it may impose. In addition to any fine assessed under other provisions of law, the trial judge may require any person convicted of a nonviolent drug possession offense who is reasonably able to do so to contribute to the cost of his or her own placement in a drug treatment program.

(b) Subdivision (a) does not apply to either of the following:

(1) Any defendant who previously has been convicted of one or more serious or violent felonies in violation of subdivision (c) of Section 667.5 or Section 1192.7, unless the nonviolent drug possession offense occurred after a period of five years in which the defendant remained free of both prison custody and the commission of an offense that results in (A) a felony conviction other than a nonviolent drug possession offense, or (B) a misdemeanor conviction involving physical injury or the threat of physical injury to another person.

(2) Any defendant who, in addition to one or more nonviolent drug possession offenses, has been convicted in the same proceeding of a misdemeanor not related to the use of drugs or any felony.

(3) Any defendant who:

(A) While using a firearm, unlawfully possesses any amount of (i) a substance containing either cocaine base, cocaine, heroin, methamphetamine, or (ii) a liquid, non-liquid, plant substance, or hand-rolled cigarette, containing phencyclidine.

(B) While using a firearm, is unlawfully under the influence of cocaine base, cocaine, heroin, methamphetamine or phencyclidine.

(4) Any defendant who refuses drug treatment as a condition of probation.

(5) Any defendant who (A) has two separate convictions for nonviolent drug possession offenses, (B) has participated in two separate courses of drug treatment pursuant to subdivision (a), and (C) is found by the court, by clear and convincing evidence, to be unamenable to any and all forms of available drug treatment. Notwithstanding any other provision of law, the trial court shall sentence such defendants to 30 days in jail.

(c) Within seven days of an order imposing probation under subdivision (a), the probation department shall notify the drug treatment provider designated to provide drug treatment under subdivision (a). Within 30 days of receiving that notice, the treatment provider shall prepare a treatment plan and forward it to the probation department. On a quarterly basis after the defendant begins the drug treatment program, the treatment provider shall prepare and forward a progress report to the probation department.

(1) If at any point during the course of drug treatment the treatment provider notifies the probation department that the defendant is unamenable to the drug treatment being provided, but may be amenable to other drug treatments or related programs, the probation department may move the court to modify the terms of probation to ensure that the defendant receives the alternative drug treatment or program.

(2) If at any point during the course of drug treatment the treatment provider notifies the probation department that the defendant is unamenable to the drug treatment provided and all other forms of drug treatment, the probation department may move to revoke probation. At the revocation hearing, unless the defendant proves by a preponderance of the evidence that there is a drug treatment program to which he or she is amenable, the court may revoke probation.

(3) Drug treatment services provided by subdivision (a) as a required condition of probation may not exceed 12 months, provided, however, that additional aftercare services as a condition of probation may be required for up to six months.

(d) Dismissal of charges upon successful completion of drug treatment

(1) At any time after completion of drug treatment, a defendant may petition the sentencing court for dismissal of the charges. If the court finds that the defendant successfully completed drug treatment, and substantially complied with the conditions of probation, the conviction on which the probation was based shall be set aside and the court shall dismiss the indictment or information against the defendant. In addition, the arrest on which the conviction was based shall be deemed never to have occurred. Except as provided in paragraph (2) or (3), the defendant shall thereafter be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

(2) Dismissal of an indictment or information pursuant to paragraph (1) does not permit a person to own, possess, or have in his or her custody or control any firearm capable of being concealed upon the person or prevent his or her conviction under Section 12021.

(3) Except as provided below, after an indictment or information is dismissed pursuant to paragraph (1), the defendant may indicate in response to any question concerning his or her prior criminal record that he or she was not arrested or convicted for the offense. Except as provided below, a record pertaining to an arrest or conviction resulting in successful completion of a drug treatment program under this section may not, without the defendant's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate.

Regardless of his or her successful completion of drug treatment, the arrest and conviction on which the probation was based may be recorded by the Department of Justice and disclosed in response to any peace officer application request or any law enforcement inquiry. Dismissal of an information or indictment under this section does not relieve a defendant of the obligation to disclose the arrest and conviction in response to any direct question contained in any questionnaire or application for

public office, for a position as a peace officer as defined in Section 830, for licensure by any state or local agency, for contracting with the California State Lottery, or for purposes of serving on a jury.

(e) Violation of probation

(1) If probation is revoked pursuant to the provisions of this subdivision, the defendant may be incarcerated pursuant to otherwise applicable law without regard to the provisions of this section.

(2) Non-drug-related probation violations If a defendant receives probation under subdivision (a), and violates that probation either by being arrested for an offense that is not a nonviolent drug possession offense, or by violating a non-drug-related condition of probation, and the state moves to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The court may modify or revoke probation if the alleged violation is proved. (3) Drug-related probation violations

(A) If a defendant receives probation under subdivision (a), and violates that probation either by being arrested for a nonviolent drug possession offense or by violating a drug-related condition of probation, and the state moves to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence that the defendant poses a danger to the safety of others. If the court does not revoke probation, it may intensify or alter the drug treatment plan.

(B) If a defendant receives probation under subdivision (a), and for the second time violates that probation either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a second time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence either that the defendant poses a danger to the safety of others or is unamenable to drug treatment. In determining whether a defendant is unamenable to drug treatment, the court may consider, to the extent relevant, whether the defendant (i) has committed a serious violation of rules at the drug treatment program, (ii) has repeatedly committed violations of program rules that inhibit the defendant's ability to function in the program, or (iii) has continually refused to participate in the program or asked to be removed from the program. If the court does not revoke probation, it may intensify or alter the drug treatment plan.

(C) If a defendant receives probation under subdivision (a), and for the third time violates that probation either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a third time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. If the alleged probation violation is proved, the defendant is not eligible for continued probation under subdivision (a).

(D) If a defendant on probation at the effective date of this act for a nonviolent drug possession offense violates that probation either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence that the defendant poses a danger to the safety of others. If the court does not revoke probation, it may modify probation and impose as an additional condition participation in a drug treatment program.

(E) If a defendant on probation at the effective date of this act for a nonviolent drug possession offense violates that probation a second time either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a second time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence either that the defendant poses a danger to the safety of others or that the defendant is unamenable to drug treatment. If the court does not revoke probation, it may modify probation and impose as an additional condition participation in a drug treatment program.

(F) If a defendant on probation at the effective date of this act for a nonviolent drug offense violates that probation a third time either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a third time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. If the alleged probation violation is proved, the defendant is not eligible for continued probation under subdivision (a).

SEC. 6. Section 3063.1 is added to the Penal Code, to read:

3063.1. Possession of Controlled Substances; Parole; Exceptions

(a) Notwithstanding any other provision of law, and except as provided in subdivision (b), parole may not be suspended or revoked for commission of a nonviolent drug possession offense or for violating any drug-related condition of parole.

As an additional condition of parole for all such offenses or violations, the Parole Authority shall require participation in and completion of an appropriate drug treatment program. Vocational training, family counseling and literacy training may be imposed as additional parole conditions.

The Parole Authority may require any person on parole who commits a nonviolent drug possession offense or violates any drug-related condition of parole, and who is reasonably able to do so, to contribute to the cost of his or her own placement in a drug treatment program.

(b) Subdivision (a) does not apply to:

(1) Any parolee who has been convicted of one or more serious or violent felonies in violation of subdivision (c) of Section 667.5 or Section 1192.7.

(2) Any parolee who, while on parole, commits one or more nonviolent drug possession offenses and is found to have concurrently committed a misdemeanor not related to the use of drugs or any felony.

(3) Any parolee who refuses drug treatment as a condition of parole.

(c) Within seven days of a finding that the parolee has either committed a nonviolent drug possession offense or violated any drug-related condition of parole, the Parole Authority shall notify the treatment provider designated to provide drug treatment under subdivision (a). Within 30 days thereafter the treatment provider shall prepare a drug treatment plan and forward it to the Parole Authority and to the California Department of Corrections Parole Division agent responsible for supervising the parolee. On a quarterly basis after the parolee begins drug treatment, the treatment provider shall prepare and forward a progress report to these entities and individuals.

(1) If at any point during the course of drug treatment the treatment provider notifies the Parole Authority that the parolee is unamenable to the drug treatment provided, but amenable to other drug treatments or related programs, the Parole Authority may act to modify the terms of parole to ensure that the parolee receives the alternative drug treatment or program.

(2) If at any point during the course of drug treatment the treatment provider notifies the Parole Authority that the parolee is unamenable to the drug treatment provided and all other forms of drug treatment, the Parole Authority may act to revoke parole. At the revocation hearing, parole may be revoked unless the parolee proves by a preponderance of the evidence that there is a drug treatment program to which he or she is amenable.

(3) Drug treatment services provided by subdivision (a) as a required condition of parole may not exceed 12 months, provided, however, that additional aftercare services as a condition of probation may be required for up to six months.

(d) Violation of parole

(1) If parole is revoked pursuant to the provisions of this subdivision, the defendant may be incarcerated pursuant to otherwise applicable law without regard to the provisions of this section.

(2) Non-drug-related parole violations If a parolee receives drug treatment under subdivision (a), and during the course of drug treatment violates parole either by being arrested for an offense other than a nonviolent drug possession offense, or by violating a non-drug-related condition of parole, and the Parole Authority acts to revoke parole, a hearing shall be conducted to determine whether parole shall be revoked. Parole may be modified or revoked if the parole violation is proved.

(3) Drug-related parole violations

(A) If a parolee receives drug treatment under subdivision (a), and during the course of drug treatment violates parole either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of parole, and the Parole Authority acts to revoke parole, a hearing shall be conducted to determine whether parole shall be revoked. Parole shall be revoked if the parole violation is proved and a preponderance of the evidence establishes that the parolee poses a danger to the safety of others. If parole is not revoked, the conditions of parole may be intensified to achieve the goals of drug treatment.

(B) If a parolee receives drug treatment under subdivision (a), and during the course of drug treatment for the second time violates that parole either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of parole, and the Parole Authority acts for a second time to revoke parole, a hearing shall be conducted to determine whether parole shall be revoked. If the alleged parole violation is proved, the parolee is not eligible for continued parole under any provision of this section and may be reincarcerated.

(C) If a parolee already on parole at the effective date of this act violates that parole either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of parole, and the Parole Authority acts to revoke parole, a hearing shall be conducted to determine whether parole shall be revoked. Parole shall be revoked if the parole violation is proved and a preponderance of the evidence establishes that the parolee poses a danger to the safety of others. If parole is not revoked, the conditions of parole may be modified to include participation in a drug treatment program as provided in subdivision (a). This paragraph does not apply to any parolee who at the effective date of this act has been convicted of one or more serious or violent felonies in violation of subdivision (c) of Section 667.5 or Section 1192.7.

(D) If a parolee already on parole at the effective date of this act violates that parole for the second time either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of parole, and the Parole Authority acts for a second time to revoke parole, a hearing shall be conducted to determine whether parole shall be revoked. If the alleged parole violation is proved, the parolee is not eligible for continued parole under any provision of this section and may be reincarcerated.

SEC. 7. Division 10.8 (commencing with Section 11999.4) is added to the Health and Safety Code, to read:

DIVISION 10.8. SUBSTANCE ABUSE TREATMENT FUNDING

11999.4. Establishment of the Substance Abuse Treatment Trust Fund

A special fund to be known as the "Substance Abuse Treatment Trust Fund" is created within the State Treasury and is continuously appropriated for carrying out the purposes of this division.

11999.5. Funding Appropriation

Upon passage of this act, \$60,000,000 shall be continuously appropriated from the General Fund to the Substance Abuse Treatment Trust Fund for the 2000–01 fiscal year. There is hereby continuously appropriated from the General Fund to the Substance Abuse Treatment Trust Fund an additional \$120,000,000 for the 2001–02 fiscal year, and an additional sum of \$120,000,000 for each such subsequent fiscal year concluding with the 2005–06 fiscal year. These funds shall be transferred to the Substance Abuse Treatment Trust Fund on July 1 of each of these specified fiscal years. Funds transferred to the Substance Abuse Treatment Trust Fund are not subject to annual appropriation by the Legislature and may be used without a time limit. Nothing in this section precludes additional appropriations by the Legislature to the Substance Abuse Treatment Trust Fund.

11999.6. Distribution of Monies from Substance Abuse Treatment Trust Fund

Monies deposited in the Substance Abuse Treatment Trust Fund shall be distributed annually by the Secretary of the Health and Human Services Agency through the State Department of Alcohol and Drug Programs to counties to cover the costs of placing persons in and providing (a) drug treatment programs under this act, and (b) vocational training, family counseling and literacy training under this act. Additional costs that may be reimbursed from the Substance Abuse Treatment Trust Fund include probation department costs, court monitoring costs and any miscellaneous costs made necessary by the provisions of this act other than drug testing services of any kind. Such monies shall be allocated to counties through a fair and equitable distribution formula that includes, but is not limited to, per capita arrests for controlled substance possession violations and substance abuse treatment caseload, as determined by the department as necessary to carry out the purposes of this act. The department may reserve a portion of the fund to pay for direct contracts with drug treatment service providers in counties or areas in which the director of the department has determined that demand for drug treatment services is not adequately met by existing programs. However, nothing in this section shall be interpreted or construed to allow any entity to use funds from the Substance Abuse Treatment Trust Fund to supplant funds from any existing fund source or mechanism currently used to provide substance abuse treatment.

11999.7. Local Government Authority to Control Location of Drug Treatment Programs

Notwithstanding any other provision of law, no community drug treatment program may receive any funds from the Substance Abuse Treatment Trust Fund unless the program agrees to make its facilities subject to valid local government zoning ordinances and development agreements.

11999.8. Surplus Funds

Any funds remaining in the Substance Abuse Treatment Trust Fund at the end of a fiscal year may be utilized to pay for drug treatment programs to be carried out in the subsequent fiscal year.

11999.9. Annual Evaluation Process

The department shall annually conduct a study to evaluate the effectiveness and financial impact of the programs that are funded pursuant to the requirements of this act. The study shall include, but not be limited to, a study of the implementation process, a review of lower incarceration costs, reductions in crime, reduced prison and jail construction, reduced welfare costs, the adequacy of funds appropriated, and any other impacts or issues the department can identify.

11999.10. Outside Evaluation Process

The department shall allocate up to 0.5 percent of the fund's total monies each year for a long-term study to be conducted by a public university in California aimed at evaluating the effectiveness and financial impact of the programs that are funded pursuant to the requirements of this act.

11999.11. County Reports

Counties shall submit a report annually to the department detailing the numbers and characteristics of clients-participants served as a result of funding provided by this act. The department shall promulgate a form which shall be used by the counties for the reporting of this information, as well as any other information that may be required by the department. The department shall establish a deadline by which the counties shall submit their reports.

11999.12. Audit of Expenditures

The department shall annually audit the expenditures made by any county that is funded, in whole or in part, with funds provided by this act. Counties shall repay to the department any funds that are not spent in accordance with the requirements of this act.

11999.13. Excess Funds

At the end of each fiscal year, a county may retain unspent funds received from the Substance Abuse Treatment Trust Fund and may spend those funds, if approved by the department, on drug programs that further the purposes of this act.

SEC. 8. Effective Date

Except as otherwise provided, the provisions of this act shall become effective July 1, 2001, and its provisions shall be applied prospectively.

SEC. 9. Amendment

This act may be amended only by a roll call vote of two thirds of the membership of both houses of the Legislature. All amendments to this act shall be to further the act and shall be consistent with its purposes.

SEC. 10. Severability

If any provision of this act or the application thereof to any person or circumstances is held invalid or unconstitutional, such invalidity or unconstitutionality shall not affect other provisions or applications of this initiative that can be given effect without the invalid or unconstitutional provision or application, and to this end the provisions of this initiative are severable.

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 11999.4-11999.13

11999.4. Establishment of the Substance Abuse Treatment Trust Fund

A special fund to be known as the "Substance Abuse Treatment Trust Fund" is created within the State Treasury and is continuously appropriated for carrying out the purposes of this division.

11999.5. Funding Appropriation

Upon passage of this act, \$60,000,000 shall be continuously appropriated from the General Fund to the Substance Abuse Treatment Trust Fund for the 2000-01 fiscal year. There is hereby continuously appropriated from the General Fund to the Substance Abuse Treatment Trust Fund an additional \$120,000,000 for the 2001-02 fiscal year, and an additional sum of \$120,000,000 for each such subsequent fiscal year concluding with the 2005-06 fiscal year. These funds shall be transferred to the Substance Abuse Treatment Trust Fund on July 1 of each of these specified fiscal years. Funds transferred to the Substance Abuse Treatment Trust Fund are not subject to annual appropriation by the Legislature and may be used without a time limit. Nothing in this section precludes additional appropriations by the Legislature to the Substance Abuse Treatment Trust Fund.

11999.6. Distribution of Monies from Substance Abuse Treatment Trust Fund

Monies deposited in the Substance Abuse Treatment Trust Fund shall be distributed annually by the Secretary of the Health and Human Services Agency through the State Department of Alcohol and Drug Programs to counties to cover the costs of placing persons in and providing (a) drug treatment programs under this act, and (b) vocational training, family counseling and literacy training under this act. Additional costs that may be reimbursed from the Substance Abuse Treatment Trust Fund include probation department costs, court monitoring costs and any miscellaneous costs made necessary by the provisions of this act other than drug testing services of any kind. Such monies shall be allocated to counties through a fair and equitable distribution formula that includes, but is not limited to, per capita arrests for controlled substance possession violations and substance abuse treatment caseload, as determined by the department as necessary to carry out the purposes of this act. The department

may reserve a portion of the fund to pay for direct contracts with drug treatment service providers in counties or areas in which the director of the department has determined that demand for drug treatment services is not adequately met by existing programs. However, nothing in this section shall be interpreted or construed to allow any entity to use funds from the Substance Abuse Treatment Trust Fund to supplant funds from any existing fund source or mechanism currently used to provide substance abuse treatment.

11999.7. Local Government Authority to Control Location of Drug Treatment Programs

Notwithstanding any other provision of law, no community drug treatment program may receive any funds from the Substance Abuse Treatment Trust Fund unless the program agrees to make its facilities subject to valid local government zoning ordinances and development agreements.

11999.8. Surplus Funds

Any funds remaining in the Substance Abuse Treatment Trust Fund at the end of a fiscal year may be utilized to pay for drug treatment programs to be carried out in the subsequent fiscal year.

11999.9. Annual Evaluation Process

The department shall annually conduct a study to evaluate the effectiveness and financial impact of the programs that are funded pursuant to the requirements of this act. The study shall include, but not be limited to, a study of the implementation process, a review of lower incarceration costs, reductions in crime, reduced prison and jail construction, reduced welfare costs, the adequacy of funds appropriated, and any other impacts or issues the department can identify.

11999.10. Outside Evaluation Process

The department shall allocate up to 0.5 percent of the fund's total monies each year for a long-term study to be conducted by a public university in California aimed at evaluating the effectiveness and financial impact of the programs that are funded pursuant to the requirements of this act.

11999.11. County Reports

Counties shall submit a report annually to the department

detailing the numbers and characteristics of clients-participants served as a result of funding provided by this act. The department shall promulgate a form which shall be used by the counties for the reporting of this information, as well as any other information that may be required by the department. The department shall establish a deadline by which the counties shall submit their reports.

11999.12. Audit of Expenditures

The department shall annually audit the expenditures made by any county that is funded, in whole or in part, with funds provided by this act. Counties shall repay to the department any funds that are not spent in accordance with the requirements of this act.

11999.13. Excess Funds

At the end of each fiscal year, a county may retain unspent funds received from the Substance Abuse Treatment Trust Fund and may spend those funds, if approved by the department, on drug programs that further the purposes of this act.

Penal Code

1210. Definitions

As used in Sections **1210.1** and 3063.1 of this **code**, and Division 10.8 (commencing with Section 11999.4) of the Health and Safety **Code** :

(a) The term "nonviolent drug possession offense" means the unlawful possession, use, or transportation for personal use of any controlled substance identified in Section 11054, 11055, 11056, 11057 or 11058 of the Health and Safety **Code**, or the offense of being under the influence of a controlled substance in violation of Section 11550 of the Health and Safety **Code**. The term "nonviolent drug possession offense" does not include the possession for sale, production, or manufacturing of any controlled substance.

(b) The term "drug treatment program" or "drug treatment" means a licensed and/or certified community drug treatment program, which may include one or more of the following: outpatient treatment, half-way house treatment, narcotic replacement therapy, drug education or prevention courses and/or limited inpatient or residential drug treatment as needed to address special detoxification or relapse situations or severe dependence. The term "drug treatment program" or "drug treatment" does not include drug treatment programs offered in a prison or jail facility.

(c) The term "successful completion of treatment" means that a defendant who has had drug treatment imposed as a condition of probation has completed the prescribed course of drug treatment and, as a result, there is reasonable cause to believe that the defendant will not abuse controlled substances in the future.

(d) The term "misdemeanor not related to the use of drugs" means a misdemeanor that does not involve (1) the simple possession or use of drugs or drug paraphernalia, being present where drugs are used, or failure to register as a drug offender, or (2) any activity similar to those listed in paragraph (1).

1210.1. Possession of Controlled Substances; Probation; Exceptions

(a) Notwithstanding any other provision of law, and except as provided in subdivision (b), any person convicted of a nonviolent drug possession offense shall receive probation.

As a condition of probation the court shall require participation in and completion of an appropriate drug treatment program. The court may also impose, as a condition of probation, participation in vocational training, family counseling, literacy training and/or community service. A court may not impose incarceration as an additional condition of probation. Aside from the limitations imposed in this subdivision, the trial court is not otherwise limited in the type of probation conditions it may impose.

In addition to any fine assessed under other provisions of law, the trial judge may require any person convicted of a nonviolent drug possession offense who is reasonably able to do so to contribute to the cost of his or her own placement in a drug treatment program.

(b) Subdivision (a) does not apply to either of the following:

(1) Any defendant who previously has been convicted of one or more serious or violent felonies in violation of subdivision (c) of Section 667.5 or Section 1192.7, unless the nonviolent drug possession offense occurred after a period of five years in which the defendant remained free of both prison custody and the commission of an offense that results in (A) a felony conviction other than a nonviolent drug possession offense, or (B) a misdemeanor conviction involving physical injury or the threat of physical injury to another person.

(2) Any defendant who, in addition to one or more nonviolent drug possession offenses, has been convicted in the same proceeding of a misdemeanor not related to the use of drugs or any felony.

(3) Any defendant who:

(A) While using a firearm, unlawfully possesses any amount of (i) a substance containing either cocaine base, cocaine, heroin, methamphetamine, or (ii) a liquid, non-liquid, plant substance, or hand-rolled cigarette, containing phencyclidine.

(B) While using a firearm, is unlawfully under the influence of cocaine base, cocaine, heroin, methamphetamine or phencyclidine.

(4) Any defendant who refuses drug treatment as a condition of probation.

(5) Any defendant who (A) has two separate convictions for nonviolent drug possession offenses, (B) has participated in two separate courses of drug treatment pursuant to subdivision (a), and (C) is found by the court, by clear and convincing evidence, to be unamenable to any and all forms of available drug treatment. Notwithstanding any other provision of law, the trial court shall sentence such defendants to 30 days in jail.

(c) Within seven days of an order imposing probation under subdivision (a), the probation department shall notify the drug treatment provider designated to provide drug treatment under subdivision (a). Within 30 days of receiving that notice, the treatment provider shall prepare a treatment plan and forward it to the probation department. On a quarterly basis after the defendant begins the drug treatment program, the treatment provider shall prepare and forward a progress report to the probation department.

(1) If at any point during the course of drug treatment the treatment provider notifies the probation department that the defendant is unamenable to the drug treatment being provided, but may be amenable to other drug treatments or related programs, the probation department may move the court to modify the terms of

probation to ensure that the defendant receives the alternative drug treatment or program.

(2) If at any point during the course of drug treatment the treatment provider notifies the probation department that the defendant is unamenable to the drug treatment provided and all other forms of drug treatment, the probation department may move to revoke probation. At the revocation hearing, unless the defendant proves by a preponderance of the evidence that there is a drug treatment program to which he or she is amenable, the court may revoke probation.

(3) Drug treatment services provided by subdivision (a) as a required condition of probation may not exceed 12 months, provided, however, that additional aftercare services as a condition of probation may be required for up to six months.

(d) Dismissal of charges upon successful completion of drug treatment

(1) At any time after completion of drug treatment, a defendant may petition the sentencing court for dismissal of the charges. If the court finds that the defendant successfully completed drug treatment, and substantially complied with the conditions of probation, the conviction on which the probation was based shall be set aside and the court shall dismiss the indictment or information against the defendant. In addition, the arrest on which the conviction was based shall be deemed never to have occurred. Except as provided in paragraph (2) or (3), the defendant shall thereafter be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

(2) Dismissal of an indictment or information pursuant to paragraph (1) does not permit a person to own, possess, or have in his or her custody or control any firearm capable of being concealed upon the person or prevent his or her conviction under Section 12021.

(3) Except as provided below, after an indictment or information is dismissed pursuant to paragraph (1), the defendant may indicate in response to any question concerning his or her prior criminal record that he or she was not arrested or convicted for the offense.

Except as provided below, a record pertaining to an arrest or conviction resulting in successful completion of a drug treatment program under this section may not, without the defendant's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate.

Regardless of his or her successful completion of drug treatment, the arrest and conviction on which the probation was based may be recorded by the Department of Justice and disclosed in response to any peace officer application request or any law enforcement inquiry.

Dismissal of an information or indictment under this section does

not relieve a defendant of the obligation to disclose the arrest and conviction in response to any direct question contained in any questionnaire or application for public office, for a position as a peace officer as defined in Section 830, for licensure by any state or local agency, for contracting with the California State Lottery, or for purposes of serving on a jury.

(e) Violation of probation

(1) If probation is revoked pursuant to the provisions of this subdivision, the defendant may be incarcerated pursuant to otherwise applicable law without regard to the provisions of this section.

(2) Non-drug-related probation violations

If a defendant receives probation under subdivision (a), and violates that probation either by being arrested for an offense that is not a nonviolent drug possession offense, or by violating a non-drug-related condition of probation, and the state moves to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The court may modify or revoke probation if the alleged violation is proved.

(3) Drug-related probation violations

(A) If a defendant receives probation under subdivision (a), and violates that probation either by being arrested for a nonviolent drug possession offense or by violating a drug-related condition of probation, and the state moves to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence that the defendant poses a danger to the safety of others. If the court does not revoke probation, it may intensify or alter the drug treatment plan.

(B) If a defendant receives probation under subdivision (a), and for the second time violates that probation either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a second time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence either that the defendant poses a danger to the safety of others or is unamenable to drug treatment. In determining whether a defendant is unamenable to drug treatment, the court may consider, to the extent relevant, whether the defendant (i) has committed a serious violation of rules at the drug treatment program, (ii) has repeatedly committed violations of program rules that inhibit the defendant's ability to function in the program, or (iii) has continually refused to participate in the program or asked to be removed from the program. If the court does not revoke probation, it may intensify or alter the

drug treatment plan.

(C) If a defendant receives probation under subdivision (a), and for the third time violates that probation either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a third time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. If the alleged probation violation is proved, the defendant is not eligible for continued probation under subdivision (a).

(D) If a defendant on probation at the effective date of this act for a nonviolent drug possession offense violates that probation either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence that the defendant poses a danger to the safety of others. If the court does not revoke probation, it may modify probation and impose as an additional condition participation in a drug treatment program.

(E) If a defendant on probation at the effective date of this act for a nonviolent drug possession offense violates that probation a second time either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a second time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. The trial court shall revoke probation if the alleged probation violation is proved and the state proves by a preponderance of the evidence either that the defendant poses a danger to the safety of others or that the defendant is unamenable to drug treatment. If the court does not revoke probation, it may modify probation and impose as an additional condition participation in a drug treatment program.

(F) If a defendant on probation at the effective date of this act for a nonviolent drug offense violates that probation a third time either by being arrested for a nonviolent drug possession offense, or by violating a drug-related condition of probation, and the state moves for a third time to revoke probation, the court shall conduct a hearing to determine whether probation shall be revoked. If the alleged probation violation is proved, the defendant is not eligible for continued probation under subdivision (a).